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CHAPTER 22

STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

HOSPITAL AND MEDICAL FACILITIES DIVISION

Licensing and Certification Bureau
Construction Bureau
Emergency Medical Services Unit

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CHAPTER 22

HOSPITAL AND MEDICAL FACILITIES DIVISION

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Sub-Chapter 1

Licensing and Certification Bureau

16-2.22(1)-S2200 HOSPITALS, LICENSING AND CERTIFICATION (1) Hospitals shall be licensed in accordance with applicable statutes. The following rules with respect to licensing and certification shall apply. In case of a hospital not specifically treated herein, the standards for general hospitals shall apply.

(2) Definitions:

"Administrator" means a person who is delegated the responsibility for interpreting, implementing and applying policies and programs established by the governing authority. He is responsible for the establishment of safe and effective administrative management practices and the control and operation of the services provided.

"Ancillary Nursing Personnel" means persons employed to assist registered nurses or licensed practical nurses in the care of patients.

"Dentist" means a person who is registered and currently licensed by the Montana State Board of Dental Examiners.

"Dietitian" means a person who has a baccalaureate degree in nutrition or food service management and meets the American Dietetic Association standards of qualification.

"Governing Authority" means the board of trustees, directors or other governing body in whom the ultimate authority and responsibility, both moral and legal, for the conduct of the hospital is vested.

"Hospital" means any place devoted to the maintenance and operation of facilities which, under the supervision of an organized medical staff, provides for the diagnosis, treatment and care of persons admitted for overnight stay or longer, in order to obtain medical, surgical and nursing care of illness, disease or injury.

In addition to inpatient care, a hospital may render outpatient care to ambulatory patients and may have organized services for preventive medicine and extramural services for followup and home care.

"License" means the certificate issued by the Department for the operation of a hospital.

"Licensed Capacity" means the largest number of adult and/or pediatric beds (exclusive of bassinets for newborn infants) which the hospital could legally have installed or set up in the hospital at any given time for use by patients. The number of beds specified in the annual license from the Board.

"Licensing Agency" means the Department of Health.

"Licensed Practical Nurse" means a person currently licensed as a practical nurse by the Montana State Board of

Nursing to perform practical nursing as defined by Montana's Nursing Practice Act.

"Medical Staff" means physicians and dentists and allied medical personnel who are privileged by agreement with the licensee as defined in the licensee's medical staff bylaws to attend patients within the hospital.

"Patient" means a person admitted to or receiving care in the hospital upon the order of a physician.

"Pharmacist" means a person currently licensed by the Montana State Board of Pharmacy to practice pharmacy.

"Physician" means a person who is licensed by the Montana State Board of Medical Examiners to practice medicine.

"Registered Nurse" means a person currently licensed by the Montana State Board of Nursing to perform professional nursing as defined by Montana's Nursing Practice Act.

(3) Administration and Organization

(a) Governing Body. The governing body is legally and morally responsible for the conduct of the hospital. In the discharge of its duties, it delegates responsibility for the medical care of the patient in the hospital primarily to the medical staff. For effective performance the governing body should:

(i) Adopt bylaws in accordance with legal requirements.

(ii) Meet at regular stated intervals.

(iii) Appoint committees. There should be an executive committee and others as indicated for special purposes.

(iv) Appoint members of the medical staff and insure that bylaws and rules and regulations are adopted by the medical staff.

(v) Establish a formal means of liaison with the medical staff, preferably by a joint conference committee.

(vi) Appoint a qualified hospital administrator who is the official representative of the governing body.

(vii) Provide a physical plant equipped and staffed to maintain the needed facilities and services for patients.

(b) Administrative Officer. The administrator is the appointed representative of the governing body and the executive officer of the hospital. He is responsible for the implementation of established policies in the operation of the hospital and for providing liaison among governing body, medical staff and departments of the hospital. He should attend all governing body meetings and appropriate medical staff meetings. He should delegate duties and establish formal means of accountability from all subordinates. He should prepare reports to the governing body and medical staff on hospital activities. He should insure that personnel policies are enforced to adequately support sound patient care and that such policies are reviewed periodically. Complete and accurate records should be maintained for each hospital employee including: background information and work evaluation, preemployment health examinations, and reports that confirm the absence of active communicable disease. The administrator must review and act promptly on reports of authorized inspecting agencies.

(c) Medical Staff.

(i) Responsibility. The organized medical staff shall be responsible to the patient and to the governing body of the hospital for the quality of all medical care provided in the hospital and for the ethical and professional practice of its members. It shall be called upon to advise the governing body regarding professional problems and policies.

(ii) Organization and Duties. A group comprised of the medical staff with the approval of and subject to final action by the governing body shall formulate and adopt bylaws, rules, regulations and policies for the proper conduct of its activities and recommend to the governing board physicians, dentist and allied medical personnel considered eligible for membership on the staff. The medical staff shall:

(aa) Select a chief of staff according to policy determined by the board.

(ab) Hold regular meetings for which minutes and records of attendance shall be kept.

(ac) Select those to be recommended to the governing board for staff appointments and hospital privileges.

(ad) Establish committees whose function shall be that of assuring continuing quality of care.

(ae) Maintain adequate medical records.

(af) Define conditions requiring consultation from another physician or from a specialist.

(iii) Professional care. All persons admitted to the hospital shall be under the care of a licensed physician.

(iv) Order for treatment. All medical orders shall be in writing and signed by the physician. In an emergency, telephone orders may be accepted only by a licensed registered nurse. The physician should sign or initial the orders as soon as possible.

(v) Emergency calls. All hospitals shall have a physician available at all times either on duty or on call.

(d) Nursing Staff.

(i) There shall be an organized departmental plan of administrative authority with the responsibilities and duties of the nursing personnel in each category well delineated.

(ii) The provisions of the Montana Nursing Practice Act shall be applicable to all nursing personnel.

(iii) There shall be appointed a director of nursing service.

(iv) Responsibilities and duties of the nursing staff shall be in the form of written job descriptions for each category employed.

(v) There shall be a procedure to insure that nursing personnel for whom licensure is required possess a valid and current license.

(vi) The staffing pattern shall insure the availability of registered professional nursing care for all patients on a 24-hour basis every day.

(vii) Monthly work schedules for all nursing personnel shall be maintained, kept on file for one year, and made available to authorized agencies.

(viii) All licensed practical nurses and other ancillary personnel performing patient care services shall be under the supervision of a registered nurse.

(ix) New employees shall be oriented to the hospital nursing service and their responsibilities.

(x) Continuous training and supervision of ancillary personnel shall be planned and carried out to enable them to perform effectively the duties assigned to them.

(xi) Nursing care policies and procedures shall be in writing and consistent with generally accepted practices, and shall be reviewed and revised as necessary to keep pace with new knowledge.

(xii) Nursing care plans shall be maintained and kept current on all patients.

(xiii) Plans for appraisal of nursing care by utilizing one or more accepted techniques for the continuous evaluation of nursing care should be in effect.

(xiv) The private duty nurse functions under a contractual agreement with the patient or his legal representative, but is ultimately responsible to the immediate nursing supervisor of the hospital. The patient is the responsibility of both the private duty nurse and the hospital; therefore, the private duty nurse is subject to the administrative policies, rules and regulations of the hospital in which she is working. The private duty nurse shall be currently licensed in Montana.

(4) Hospitals--Services

(a) Coronary Care Unit.

(i) If the facility has a coronary care unit, adequate facilities and equipment shall be provided for the specialized therapies required.

(ii) Coronary care unit shall be under the direction of registered, professional nurses and shall have adequate staff selected and trained to provide continuity of care around the clock. Supplementary staff members with the same instruction and practice as regular staff should be available to cover this unit in an emergency.

(iii) The following minimum equipment and supplies must be available in a coronary care unit:

(aa) Oxygen, oxygen apparatus and suction.

(ab) An oscilloscope to observe the electrocardiograph image.

(ac) A heart-rate meter with an alarm system to indicate when a predetermined high or low setting has been reached.

(ad) An electrocardiograph direct readout or tape recorder which is activated simultaneously with the alarm system and may also be activated manually or at predetermined intervals.

(ae) External pacemaker.

(af) Crash cart including defibrillator, resuscitators, respirator and emergency drugs.

(iv) Proper safety precautions shall be maintained against fire, electrical and explosion hazards.

(v) Policies and procedures shall be written and available for the guidance of personnel.

(b) Central Sterilizing and Supply.

(i) Policies and procedures shall be established in writing and carried out to assure that supplies and equipment are correct, safe, well-functioning, clean, and, when necessary, sterile.

(ii) Sterile supplies and equipment shall be properly labeled and stored in suitable enclosed spaces.

(iii) The date of sterilization or date of expiration or both shall be marked on all sterile supplies.

(iv) Sterilizers and autoclaves of the required type and necessary capacity to adequately sterilize hospital equipment shall be provided. The sterilizers shall be of recognized hospital types with approved controls and safety features. The accuracy of their performance shall be checked by an approved method.

(c) Dietetic Services.

(i) Organization.

(aa) The dietetic services shall be under the supervision of a qualified dietitian or a food service manager who is properly qualified. If a food service manager heads the department, qualified dietitians are available to be responsible for dietetic services to patients. In a small hospital, services of a dietitian on a consulting basis will meet this requirement.

(ab) A sufficient number of food service personnel shall be scheduled over a period of 12 or more hours each day to perform all functions necessary to meet the dietary needs of the patient. Food service employees should not routinely be assigned duties outside the dietary department.

(ac) Policies and procedures for food purchase, storage, preparation and service shall be written. Job descriptions shall be available for all dietary employees. Work assignments and duty schedules should be posted.

(ii) Food Preparation and Service.

(aa) The nutritional needs of patients shall be met in accordance with the current recommended dietary allowances of the Food and Nutrition Board of the National Research Council and in accordance with physician orders.

(ab) Regular menus with modifications for basic therapeutic diets shall be written at least one week in advance and posted in the food preparation area. Records of menus as served shall be kept on file for thirty (30) days.

(ac) At least three (3) meals shall be served daily with not more than a fourteen (14) hour span between the evening meal and breakfast the next day. If a four or five meal plan is in effect, the meals and snacks shall provide a total nutritional value equal to the daily food guide noted above.

(ad) A current diet manual, approved by the dietitian and the medical staff, shall be readily available to dietary supervisory personnel and to the medical and nursing staff.

(ae) Individual patient trays shall be identified with the patient's name, diet order and room number.

(af) The dietitian should correlate and integrate the dietary aspects of patient care with the nursing and medical staff. Diet counseling should be provided as prescribed by the physician.

(iii) Sanitary Conditions.

(aa) The dietary department shall comply with the Montana State Department of Health Regulations for Food Service Establishments (1968).

(ab) All perishable food shall be refrigerated at appropriate temperature (45° Fahrenheit or below) in an orderly and sanitary manner.

(ac) Foods being transported or held shall be protected from contamination and maintained at proper temperatures (below 45° Fahrenheit or above 140° Fahrenheit) in clean containers or serving carts.

(ad) Dry or staple food items should be stored off the floor in a ventilated room that is not subject to sewage or waste water backflow or contamination by condensation, leakage, rodents or vermin.

(ae) Pasteurized milk and milk products shall be served in the distributor's original containers or from a bulk container equipped with an approved dispensing device.

(af) Food service personnel shall wear clean, washable garments, hairnets or caps, and shall keep hands and fingernails clean at all times.

(ag) Lavatories trimmed with valves that can be operated without the use of hands and supplied with soap and disposable towels shall be conveniently located throughout the department for use by food handlers.

(ah) All persons employed as food handlers shall comply with the local ordinances in regard to food handlers' permits.

(ai) Persons having symptoms of communicable disease or open infected wounds shall not be permitted to work.

(aj) Dishwashing procedures and techniques should be clearly outlined and carried out in compliance with local and state ordinances and codes.

(ak) Routine bacterial counts should be made at least once a month on dishes, flatware, glasses, utensils, equipment and work surfaces in the food preparation area. Appropriate action shall be taken when indicated.

(al) All garbage and kitchen refuse not mechanically disposed of must be kept in leak-proof, nonabsorbent containers with close fitting lids. The containers should be lined with disposable plastic bags and thoroughly cleaned after each use.

(d) Emergency Service.

(i) Provision shall be made to render first aid and emergency care to persons requiring such treatment on arrival at the hospital.

(ii) The emergency department shall be easily accessible to the ambulance entrance and shall be located in a unit physically separate from the operating and delivery suites.

(iii) Physicians and registered nurses shall be available either on duty or on call at all times. Other qualified personnel with advanced first aid training shall also be available.

(iv) Emergency equipment and supplies, resuscitation equipment and supplies, including drugs, for effective diagnosis and treatment shall be available.

(v) A poison antidote chart and the telephone number of the nearest poison information center shall be posted.

(vi) Instructions detailing the management of cardiac arrests shall be immediately available. Necessary drugs for this treatment shall be separately assembled and available at all times.

(vii) Policies to control emergency room procedures shall be in writing.

(viii) Adequate medical records on every patient shall be kept. The emergency record shall be integrated with the patient's overall record. The record shall contain: patient identification; short history of the disease or injury; physical findings; laboratory and X-ray reports, if performed; diagnosis; record of treatment; prognosis; disposition of case; signature of physician rendering service.

(e) Intensive Care Unit. If the facility has an intensive care unit, the following minimal equipment and supplies must be available in the unit:

(i) Oxygen, oxygen apparatus and suction.

(ii) Crash cart including defibrillator, resuscitator, respirator and emergency drugs.

(iii) Proper safety precautions shall be maintained against fire, electrical and explosion hazards.

(iv) Intensive care unit shall be under the direction of registered professional nurses qualified by education, training and experience.

(v) Policies and procedures shall be written and available for the guidance of personnel.

(f) Laboratory.

(i) Basic laboratory services necessary for routine examinations must be available within the hospital.

(ii) Persons engaged in performing clinical laboratory tests shall be registered with the Department under MAC 16-2.26(2)-S2610.

(iii) Provision shall be made to carry out adequate clinical laboratory examinations including chemistry, microbiology, hematology, serology, immunohematology and anatomical pathology.

(aa) Some of these services may be provided under arrangements by the hospital with a laboratory approved by the hospital administration, pathologist and medical staff.

(ab) Where services are provided by an outside laboratory, the conditions, procedures and availability of the work to be done are in writing and available to the hospital.

(ac) Records of specimens sent to and reports received from an outside laboratory shall be kept by the hospital laboratory.

(iv) Quality control systems shall be designed to insure the medical reliability of laboratory results. All equipment shall be in good working order, routinely checked and precise in terms of calibration for each procedure as shown by records maintained in the laboratory.

(v) The laboratory should be under the full-time direction of a pathologist or should have the services of such a person as a consultant. A consultant should make monthly visits at a minimum. If the laboratory is not under the full-time direction of a pathologist, a staff physician or qualified laboratory technologist (preferrably registered with a nationally recognized accrediting body) or a laboratory specialist qualified by a doctoral degree should be named to be responsible for the proper operation of the laboratory.

(vi) Adequate provisions shall be made for assuring the availability of emergency laboratory services twenty-four (24) hours a day, seven (7) days a week.

(vii) The laboratory should not perform procedures and tests which are outside the scope of training of the laboratory personnel.

(viii) Routine examinations required on all admissions shall be determined by the medical staff. These shall include at least a urinalysis, a hemoglobin or a hematocrit.

(ix) Original laboratory reports shall be filed in the patient's medical record and duplicate copies kept in the department. All reports shall be signed by the person responsible for the report. In the case of work performed by an outside laboratory, the original report is contained in the medical record.

(x) All tissues removed from patients at surgery shall be macroscopically and if necessary, microscopically examined by the pathologist. A list of tissues which routinely require microscopic examination should be developed in writing by the pathologist with the approval of the medical staff.

(xi) Signed reports of tissue examination shall be filed with the patient's medical record.

(xii) Facilities for procurement, safekeeping and transfusion of blood and blood products shall be provided or readily available.

(xiii) There shall be provision for prompt blood typing and cross-matching and for laboratory investigation of transfusion reactions.

(xiv) Blood storage facilities in the hospital should have an adequate alarm system.

(xv) Records of the receipt, laboratory testing and disposition of all blood provided to patients in the hospital shall be kept on file.

(xvi) Blood which has exceeded its expiration date shall be disposed of promptly.

(xvii) A committee of the medical staff should review transfusions of blood or blood derivatives and transfusion reactions and make recommendations concerning policies.

(xviii) The standards of the American Association of Blood Banks shall serve as standards for all transfusion services.

(g) Medical Records.

(i) A qualified medical record librarian should be given the responsibility for the proper custody, supervision and filing of the completed medical records of the patient. If such a professionally qualified person is not available, a qualified consultant or a trained, part-time medical record librarian shall organize the department and train the regular personnel to perform the duties required in the department.

(ii) A medical record shall be maintained for every patient admitted for care in the hospital or examined in the emergency room. Such records shall be kept confidential and all records shall be maintained in accordance with the legal requirements as specified in paragraph (iii). Medical records are the property of the hospital and may be removed from the hospital only with official permission. Only authorized personnel shall have access to the records. Permission for nonauthorized personnel to gain access to the records may be granted only by the administrator or governing board. Authorized personnel from the Board of Health shall determine compliance with standards. Written consent of the patient or patient's guardian must be presented as authority for release of identifiable medical information.

(iii) Provision shall be made for the safe storage of all records in original form or photographic reproductions. Medical records may not be destroyed except as provided hereafter:

(aa) All records shall be maintained for twenty-five (25) years after the date of last discharge of the patient except as follows: Nurses' notes shall be kept for five (5) years or until age twenty-six (26) of the patient, whichever is longer. In the event of death, records shall be kept for five (5) years after date of proof of death. Records may be microfilmed five (5) years after date of discharge.

(ab) Prior to destroying any record, a summary card must be prepared containing the name of the patient, name of nearest relative, age, date of birth, admission, discharge, diagnosis, pathological report, surgical procedure and name of attending physician. Such a summary card shall be a permanent record of the hospital.

(iv) Nothing in these rules and regulations shall be construed to forbid the use of properly automated medical records or computerized orders, provided:

(aa) It contains proper patient identification.

(ab) It contains adequate and sufficient data to establish the diagnosis, and describe the course and management of treatment of the individual patient.

(ac) It provides proper physician identification and identification of any other person contributing to any part of the medical record.

(ad) Consents for care and procedures and any release from liability from the patient or patient guardian must be signed and witnessed according to hospital policy.

(v) Accurate and complete medical records shall be maintained on all patients from time of admission to time of discharge. Medical records shall contain sufficient information to justify the diagnosis, course and management of treatment, and shall include adequate admitting identification data; chief complaint; present illness; history and physical examination; provisional diagnosis; original, signed clinical laboratory reports; original, signed X-ray reports if X-rays are taken; consultation reports when indicated; physician orders; progress notes; nurses' notes and graphic charts; final diagnosis; discharge summary; autopsy findings if an autopsy is performed; consent for identifiable medical treatment and surgical procedure(s).

(vi) In addition to the information in Paragraph (v), an obstetrical record shall include prenatal record; labor notes; obstetrical anesthesia record; delivery record; operative report, where indicated.

(vii) In addition to the information in Paragraph (v), a newborn infant's record shall include maternal history containing pertinent facts regarding the family history, mother's pregnancy, serological tests for syphilis, RH status, analgesia, anesthesia, length of labor and type of delivery. The infant record should include reactions after birth, delivery room care; physical examinations, temperature, weight, time of first urination; number, character and consistency of stool; feeding, breast or formula; Phenylketonuria report. When the infant leaves the hospital with any person other than his parents, the hospital must obtain and record the true name of the person or persons with whom the child leaves and the place of residence where it is planned that he is to be taken. The hospital shall also obtain a release from the natural mother and this shall be made a part of the infant's record.

(viii) In addition to the information in Paragraph (vii), a surgical case record shall include the operative report, pre and post anesthesia record, and tissue report if tissue is removed.

(ix) Readmissions. If a patient is readmitted within a month's time for the same condition, the previous history and physical examination with an interval note will suffice.

(x) Signatures. The attending physician should separately sign the history and physical examination, operative report, progress notes, drug and other orders and the summary. A single signature of the physician on the face sheet of the medical record does not suffice to authenticate the entire content of the record.

(xi) Completion of records:

(aa) The history and physical examination record shall be completed and signed by the attending physician prior to the performance of any surgery except in case of emergency, when an admission note including significant findings and diagnosis shall be written.

(ab) If a patient died, a nurse's note should be written as to when breathing apparently ceased, the time the doctor was notified, and the name of the physician pronouncing the patient dead.

(ac) All medical records shall contain the orders for medication and other services written in ink, signed by the prescribing physician or undersigned by him within 24 hours.

(ad) The medical staff shall have a policy requiring that the medical records shall be complete within 15 days following the discharge of the patient. The completion of the medical records shall be the responsibility of the attending physician.

(xii) Facilities and equipment.

(aa) Space and equipment shall be provided for the recording and completion of the records by the physician and other necessary personnel as well as for filing and safe storage of medical records.

(ab) Patient index cards shall bear at least the full name of the patient, the address, birth date, medical record number, name of physician, admitting and discharge dates.

(ac) A unit record shall be maintained so that both in and outpatients are in one folder. If another filing system is used, records are cross-referenced.

(xiii) All clinical information pertaining to the patient's stay shall be centralized in the patient's record. Certain psychiatric information may be kept and maintained separately.

(aa) The original of all reports shall be filed in the medical record.

(ab) All reports or records shall be completed and filed within a period consistent with good medical practice and not longer than fifteen (15) days following discharge.

(xiv) Medical records shall be indexed according to diagnosis, operation and physician. For indexing, any recognized system may be used.

(aa) Diagnosis and operations shall be expressed in terminology which describes the morbid condition, both as to site and etiological factors or the method of procedure.

(ab) Indexing shall be kept current within three (3) months following discharge of patients.

(xv) Hospital records. The following hospital records shall be maintained in a form and manner acceptable to the State Board of Health and such reports from them shall be made as requested:

(aa) Records of admissions and discharges, total patient days, average length of stay and number of autopsies performed. Separate data shall be maintained for adults and children, excluding newborns; and newborn infants, excluding stillbirths.

(ab) Register of births. The hospital shall facilitate the preparation of properly completed birth certificates on every birth. A certificate of every birth must be completed in triplicate on form VS6 supplied by the Montana Department of Health and filed with the local registrar within ten (10) days after the birth.

(ac) Register of deaths. The hospital shall facilitate the preparation of properly completed death certificates. Medical data shall be supplied to the certificate by the physician who attended the deceased during his last illness, and he shall certify to the cause of death according to his best knowledge and belief.

(ad) The official records of births, deaths and stillbirths required by law for each of these events, shall be the prime responsibility of the attending physician. The hospital shall be responsible for the completeness and accuracy of the data furnished from its records.

(ae) Register of operations performed in surgical suite.

(af) Register of outpatients treated.

(xvi) Reports.

(aa) Reportable diseases. There shall be strict compliance with rules and regulations for reportable diseases of the State Board of Health. Disease reports must be made in accordance with Montana law upon the forms supplied by the Board of Health.

(ab) Annual reports must be submitted no later than February 15 of each year and include statistics for the preceding calendar year only. Forms will be supplied for this purpose. Sufficient office records and statistics shall be maintained in the institution for complete and accurate annual reports.

(h) Obstetrical Department.

(i) The obstetrical department shall be under the supervision of a registered nurse.

(ii) Maternity patients shall not be placed in rooms with other than maternity patients. Isolation of all maternity patients with infection shall be provided in a separate room outside of the maternity department.

(iii) The use of maternity rooms for other than maternity patients shall be restricted to clean gynecological and certain clean surgical patients.

(iv) There shall be adequate arrangements and equipment for the patient in labor, either in a patient room or a designated labor room.

(v) Labor rooms shall be equipped with beds with side rails. Toilet facilities shall be provided in or adjacent to the labor room. It is recommended that a shower be provided in this area.

(vi) Each hospital shall maintain at least one delivery room designated and equipped to be used exclusively for clean obstetrical patients.

(vii) A clock with sweep second hand or equivalent shall be available in the delivery room.

(viii) Resuscitation equipment including a tracheal catheter and equipment for the administration of oxygen or other therapeutic gas shall be available.

(ix) Heated, explosion-proof bassinets or incubators which comply with requirements of the Underwriter's Laboratory shall be ready in the delivery room for the reception and care of the newborn. A nonexplosion proof bassinet may not be introduced into the delivery room during anesthesia.

(x) The delivery room record book shall be maintained with chronological entries of deliveries including items pertinent to the history of each delivery.

(xi) Immediately after birth and before the infant leaves the delivery area, a prophylactic solution ordered by the attending physician shall be instilled in the eyes of the infant.

(xii) Every infant shall be marked for identification by one of the approved reliable methods in common use before removal from the delivery room.

(i) Newborn Nursery.

(i) The newborn nursery shall be under the supervision of a registered nurse.

(ii) An individual bassinet shall be provided for each infant. Each infant shall have separate equipment or supplies for bathing, dressing and other handling.

(iii) A reliable wall thermometer with humidity device is recommended. Temperature of 75-80 degrees Fahrenheit shall be maintained in the nursery and 50 percent humidity is desirable.

(iv) A covered can with removable lining and with foot controls shall be provided for soiled diapers.

(v) At least one linen hamper with removable bag for soiled linen other than diapers shall be provided.

(vi) Not less than one (1) approved incubator shall be provided. It is recommended that there be at least one incubator to every 20 bassinets. Underwriter's Laboratory approved explosion-proof incubators shall be used.

(vii) Approved handwashing techniques shall be observed by all personnel in the nursery. Handwashing sinks shall be provided with gooseneck spouts and elbow or knee controls.

(viii) Oxygen, oxygen equipment and suction equipment shall be available and adapted to the size and use of newborn infants.

(ix) Oxygen should be prescribed only on specific medical order as for other drugs or treatments except in emergency.

(x) Oxygen concentration should be kept at the lowest possible level that will relieve the symptoms for which it is given. If possible, it should not be over 40 percent.

(xi) When oxygen is administered, the concentration within the incubator and near the infant's head must be determined by means of a reliable oxygen analyzer. This must be done as often as necessary to keep it properly stabilized, but at least every four hours. These measurements should be recorded in the infant's chart.

(xii) The formula shall be prescribed by a physician. Formula prepared in the hospital by an approved terminal heat method using separate equipment furnished for formula preparation.

(xiii) Formulas prepared on the premises shall be stored in individual bottles in refrigerators which shall be used for no other purposes.

(xiv) Hospitals using commercial, pre-packaged formulas exclusively would not require a formula preparation area. Adequate storage space must be provided to conform with the recommendations of the manufacturer.

(xv) After discharge from the hospital, an infant shall not be readmitted to the newborn nursery. Separate isolation facilities outside the maternity unit shall be provided for any infant who has a transmissible disease, is delivered of a mother ill or infected with a transmissible disease, is delivered outside the hospital.

(xvi) Infants in an isolation nursery should not be cared for by nurses assigned to any other nursery except in an emergency.

(j) Pediatrics.

(i) Pediatric nursing shall be under the direction of a registered nurse qualified by training, experience, and ability to effectively direct pediatric services.

(ii) When a pediatric patient care unit is established, it should provide:

(aa) An examination and treatment room with equipment and supplies appropriate for the care of children.

(ab) Cubicle partitions of shatter-proof material that permit visibility of all patients in the same room.

(ac) Oxygen and suction equipment adapted to various ages and sizes of children.

(ad) Safety devices on windows in patient rooms.

(iii) The hospital shall not routinely admit children to patient bedrooms where accommodations are shared with adults.

(iv) Nursery facilities shall be provided for sick newborn infants transferred from the newborn nursery and those admitted from outside.

(k) Psychiatric Service.

(i) The provision of a psychiatric service in a general hospital is optional.

(ii) Inpatient psychiatric services shall be under the supervision of a psychiatrist who is qualified to provide the services required for an intensive treatment program.

(iii) The staff should include a sufficient number of adjunctive therapists to provide restorative and rehabilitative services for the number of patients accommodated.

(iv) There shall be registered nurses in charge of each nursing shift or qualified licensed practical nurses under the supervision of a registered nurse. Additional ancillary personnel shall be provided to assure optimum care of patients at all times.

(v) Every reasonable precaution shall be taken to insure the security and protection of the patients and personnel.

(vi) Devices for restraining a patient shall be applied when required to prevent injury to the patient or others and shall be used only when alternative measures are not sufficient to accomplish this purpose. There shall be a written order approving the use of a restraining device signed by the attending physician either at the time it is applied to the patient or in cases of emergency, within twenty-four (24) hours after it has been applied. No such order shall be valid for more than forty-eight (48) hours.

(l) Radiology Department.

(i) The hospital shall provide adequate space and equipment for diagnostic X-ray examinations on a regular and emergency basis including facilities for the development and storage of radiographic film.

(ii) The department should be under the supervision of a full-time radiologist or be visited regularly by a consulting radiologist. If a radiologist cannot make regular visits to the hospital, selected X-ray films shall be sent to a radiologist for interpretation.

(iii) Radiological equipment and facilities shall conform to the requirements as outlined in the Montana Rules and Regulations Pertaining to Radiation Control.

(iv) All radiologic equipment shall be inspected and tested upon installation and periodically thereafter.

(v) Personnel occupationally exposed shall wear personnel monitoring devices, e.g. film badge, which provide a permanent record of exposure. Records of exposure on all monitored personnel shall be maintained according to state regulations.

(vi) All radioactive nuclides, whether for diagnostic or therapeutic purposes, shall be received, handled, used and disposed of in accordance with applicable Federal and state regulations.

(vii) When therapeutic radiological services are provided, they shall be under the direct supervision of a qualified radiologist. The use of fluoroscopes shall be limited to physicians. A written report of the findings and evaluation of each X-ray examination shall be signed by the physician responsible for the procedure and shall be made a part of the patient's medical record.

(viii) X-ray reports and roentgenographs shall be preserved or microfilmed in accordance with the statute of limitations.

(m) Rehabilitation Services. If physical therapy, occupational therapy, inhalation therapy or other rehabilitation services are available, these departments shall have:

(i) Effective policies and procedures relating to the organization and function of the service.

(ii) Qualified therapists to supervise and administer services.

(iii) Facilities and equipment for therapy adequate to meet the needs of the services, in good condition.

(iv) Complete records maintained for each patient. These shall be incorporated in the patient's hospital record.

(n) Surgery Department.

(i) The operating room shall be supervised by an experienced registered nurse.

(ii) Policies to control admission of patients, personnel and visitors to the surgical suite shall be in writing. Written rules and regulations shall be posted.

(iii) In any procedure with unusual hazard to life, there is present and scrubbed as first assistant a physician designated by the credentials committee of the medical staff as being qualified to assist. Qualified nurses or technicians may be utilized as second or third assistants. Surgical technicians and licensed practical nurses may serve as scrub nurses under the direct supervision of a registered nurse.

(iv) The circulating nurse must be an R.N. and shall not have responsibilities outside the operating room during scheduled surgery.

(v) A properly executed consent form for operations shall be in the patient's chart prior to surgery.

(vi) The operating room record book must be maintained with chronological entries. The surgical record shall justify the diagnosis and operation by:

(aa) Sufficient recorded evidence of pre-operative study including a history and physical.

(ab) Record of surgeon's pre-operative diagnosis.

(ac) An operative report describing techniques and findings written or dictated within twenty-four (24) hours after the operation and signed by the surgeon.

(vii) Anesthetics shall be administered by an anesthesiologist or Certified Registered Nurse anesthetist. Any other person duly authorized by law to administer an anesthetic shall be under the supervision of the operating physician.

(viii) The post-anesthetic follow-up notes shall be written within twenty-four (24) hours after the operation. It shall contain notes on any postoperative abnormalities or complications.

(5) Hospitals--Environmental Services

(a) Waste disposal should be carried out in accordance with good public health practice with a minimum of handling.

(i) Water-tight, nonabsorbent, fire-resistant containers with tight-fitting closures should be conveniently located for collection of solid wastes. Containers without lids may be used for paper waste in offices and at wash basins. Containers shall be washed and sanitized when emptied.

(ii) Contaminated materials should be deposited in suitable wrappings clearly marked as "contaminated" and disposed of in approved incinerators or landfill under adequate supervision.

(b) Water must be obtained from a public water supply, or if used from another source must be tested periodically and treated as necessary.

(i) Water supplies should be protected from contamination by installation of vacuum breakers.

(ii) Water for emergency purposes should be available when the source of water is neither usable nor available.

(c) An emergency power source shall be available sufficient to provide necessary lighting and power when the usual supply is interrupted.

(i) This must supply at least the areas and functions outlined in NFPA standards.

(ii) A written record should be maintained of inspection, performance, exercising period, and repairs of emergency power facilities.

(d) Laundry services should insure an adequate supply of clean linen, handled and stored in such a manner as to minimize contamination.

(i) Soiled linen should be collected in bags or containers at the site of collection. Separate containers must be used for transporting soiled linen and clean linen.

(ii) Laundering facilities should provide separation of clean linen processing from soiled linen collection and processing.

(iii) Linen from isolation areas should be identified so suitable precautions are taken in processing.

(iv) Hospitals using commercial processing must require the company providing services to maintain these standards and package clean linen to protect it from contamination during delivery.

(e) Housekeeping, maintenance and laundry services shall be organized, directed and staffed by qualified personnel.

(i) An adequate number of persons should be available to provide the services.

(ii) Written procedures should be available in each department to guide personnel in providing a hygienic environment.

(iii) Techniques should be outlined for evaluating the effectiveness of procedures used in addition to the criteria for interpretation of results of microbiological evaluation when such evaluation is a routine function.

(f) Infection Control. A multi-disciplinary committee of the medical staff should be responsible for the control of infection within the hospital. Functions of this committee are:

(i) To develop written standards for sanitation and medical asepsis.

(ii) To develop procedures and techniques for meeting established sanitation and asepsis standards.

(iii) Establish a practical system for reporting, evaluating and keeping records to provide an indication of the level of all nosocomial infections to trace the sources of infections.

(iv) To review the use of antibiotics as they relate to care of hospitalized patients.

(v) There shall be a continuing education program for all personnel on the cause, effect, transmission, prevention, and elimination of infections.

(g) Disaster Plan. The hospital must develop a disaster plan in conjunction with other emergency facilities in the community. The plan should be rehearsed twice a year. There should be a written report and evaluation of all drills.

(h) Insect and Rodent Control.

(i) Effective measures shall be taken to protect against the entrance into the facility and the breeding or presence on the premises of rodents, flies, roaches and other vermin.

(ii) The premises shall be kept in such condition as to prevent the harborage or feeding of vermin.

(iii) All openings to the outer air shall be effectively protected against the entrance of insects and rodents by self-closing doors, closed windows, screening, controlled air currents, or other effective means.

(iv) Screening material shall be not less than 16 mesh to the inch or equivalent. Screen doors to the outer air shall be self-closing; and screens for windows, doors, skylights, transoms and other openings to the outer air shall be tight-fitting and free from breaks.

(v) Fly swatters, insecticide sprays, powder, etc., shall be used in such a manner and place that dead, injured, or affected insects cannot fall or come in contact with any food or food product, food preparation utensils and equipment.

(vi) Any chemical substance of a poisonous nature used to control or to eliminate various types of vermin shall be properly colored and labeled to identify it as a poison and shall not be stored with foods or drugs used for human consumption. Identification and storage shall be in accordance with local, state and federal regulations.

(i) Handwashing Facilities.

(i) Handwashing facilities shall be installed in accordance with applicable state and local laws and regulations and shall be adequate in number and conveniently located. Such facilities shall be kept clean and in good repair.

(ii) Each handwashing facility shall be supplied with hot and cold running water or tempered running water. A mixing type valve is recommended.

(iii) Adequate supply of hand cleansing soap or detergent shall be available at each facility, and a supply of sanitary towels shall be available.

(iv) Common towels are prohibited.

(v) A waste receptacle shall be located near the handwashing facility.

(j) Electrical Safety.

(i) Each hospital should obtain and use a copy of NFPA No. 76 B-M, entitled "Safe Use of Electricity in Hospitals," and NFPA No. 56A entitled "Inhalation Anesthetics."

(ii) Personnel shall be properly trained in the use of electrical equipment. Factory instructions on operation of equipment shall be kept readily available.

(iii) Portable electrical equipment shall be operated only where properly grounded. Lamps, radios, TV sets and other small items normally provided with two prong outlets are excluded from this requirement.

(iv) Where receptacles will not accept the grounded three-pronged plugs, a converter plug may be used provided that the ground wire is firmly attached to the electrical box and it is determined the box does provide a ground.

(v) All electrical or electronic equipment, which is attached in any way to a patient, must be properly grounded. This shall include grounding of the patient's bed and any metal equipment which he may contact either directly or through any persons who may be attending him.

(vi) In anesthetizing locations, explosive or non-explosive, all electrical or electronic equipment shall be attached directly to the receptacles provided. Adapters or converters must not be used to fit the plug normally provided with the equipment. Extension cords may not be used.

(vii) All cords and plugs on portable equipment shall be routinely checked for deterioration of the insulation.

(viii) X-ray equipment shall not be used in a location where flammable anesthetics are in use unless such equipment is approved for use in hazardous locations, Class I, Group C atmospheres.

(ix) Only electrical equipment specifically listed for such use should be operated in or near an oxygen tent.

(k) Fire Safety.

(i) Smoking regulations shall be adopted and shall include the following minimal provisions:

(aa) Smoking shall be prohibited in any room, ward or compartment where flammable liquids, combustible gases or oxygen are used or stored and in any other hazardous location. Such areas shall be posted with "No-Smoking" signs.

(ab) Smoking by patients classified as not responsible shall be supervised.

(ac) Metal waste containers with self-closing cover devices should be provided in public areas where smoking is permitted to minimize the placing of waste paper in ash trays or ashes in open waste baskets.

(ii) All draperies, curtains and other materials used for decorative or acoustical purposes shall be of fire-resistive material or rendered flame-retardant by treatment.

(iii) No furnishings, decorations, dispensing devices or movable equipment shall be so placed as to obstruct exits, means of egress or visibility thereof.

(iv) Every facility shall have in effect and available to all personnel, written copies of a plan for the protection of all persons in the event of fire and for their evacuation to areas of refuge or from the building. All personnel shall be instructed and kept informed of their duties under the plan.

(v) Fire drills shall include the transmission of a fire alarm signal and simulation of emergency fire conditions except that the movement of infirm or bedridden patients to safe areas or to the exterior of the building is not required.

(vi) Drills shall be conducted at irregular intervals during the day and night to familiarize all personnel with signals and emergency action required under varied conditions. At least 9 drills shall be held each year, 3 per shift, and at least one drill per shift shall be on a Sunday or holiday to test the effectiveness of the plan with a limited staff.

(vii) Written records of all drills shall be made and kept on permanent file, including date, time, location or area, number of persons involved, type of drill, evacuations made, fire department participation, results and conclusions, suggestions for improvements.

(viii) Frequent inspections and proper maintenance shall be provided to insure the dependability of the method of evacuation selected.

(ix) Facilities which find it necessary to lock exit doors shall maintain at all times an adequate staff prepared to release locks and conduct occupants from the immediate danger area to a place of safety in case of fire or other emergency. Attendants shall carry keys to these doors or have them instantly available.

(x) A schedule of training in fire safety shall be established for all employees. New employees should receive a specified course of instruction as a part of employment orientation. Periodic training sessions should be held at regular intervals thereafter.

(xi) Automatic sprinkler systems shall be continuously maintained in an operating condition and all control valves kept fully open. At least 18 inches of clearance shall be maintained around each sprinkler head at all times.

(xii) No additions, alterations or remodeling shall be done unless the required extension or changes to the sprinkler system are also made.

(xiii) Any time the valves are closed or the system rendered inoperative for any reason other than testing the local fire department, the State Fire Marshal and the Board of Health shall be immediately notified of the reason and expected length of time before the system will be fully restored.

(xiv) At least annually, a complete inspection and testing of the system shall be performed by a firm or person qualified to do such work and a written report of the results sent to the State Fire Marshal and a copy kept on file. Annual inspections and tests performed by the Montana Fire Rating Bureau will be accepted.

(xv) All fire extinguishers shall be inspected at least monthly to insure that they are in their designated places, have not been actuated or tempered with and to detect obvious physical damage, corrosion or other impairments, and serviced at least annually and immediately after use.

(xvi) Fire hoses which are not re-usable shall be inspected monthly for dampness or stains adjacent to the water supply valve.

(xvii) Manual fire alarms shall be tested regularly. Their use in fire drills shall satisfy this requirement if alternating fire alarm boxes are used to initiate drills.

(xviii) Partial heat detection systems or devices, installed to protect isolated rooms or smoke-barrier doors, shall be subject to monthly inspections and annual tests. Such tests may be performed by staff personnel.

(xix) The NFPA 101 Life Safety Code, 1967 21st edition, with equivalency criteria as outlined by the Bureau of Health Insurance pertaining to sprinkler requirements of the above code, is adopted as the standard for fire and life safety in all health care facilities licensed under Chapter 52, Title 69, Revised Codes of Montana 1947. Excepted are those facilities with occupancy of nine (9) individuals or less. (History: Sec. 69-5216, R.C.M. 1947; Order MAC No. 16-1; Adp. 12/31/72; Eff. 12/31/72.)

16-2.22(1)-S2210 MENTAL HEALTH AND RETARDATION FACILITIES, LICENSING AND CERTIFICATION (1) No facility covered by these rules may be operated unless licensed according to applicable statute.

(2) Definitions:

"Mental Illness" means that condition of an individual in which there is either psychological, physiological, or bio-chemical imbalance which has caused impairment in functioning and/or behavior.

"Mental Retardation" means that condition of an individual in which there is sub-normal intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.

"Community Mental Health Facility" means a facility occupying a building or buildings constructed, remodeled, or otherwise suited to house a service or services for those who are mentally ill and/or emotionally disturbed.

"Community Mental Retardation Facility" means a building or buildings especially constructed, remodeled, or otherwise suited to house a service or services for those who are mentally retarded.

"In-Patient Service for the Mentally Ill" refers to twenty-four (24) hour care provided by any hospital or residential facility licensed by the State.

"In-Patient or Residential Service for the Mentally Retarded" refers to any public or private non-profit facility licensed by the State which provides specialized twenty-four (24) hour care and treatment to mentally retarded persons.

"After-Care" means community services for the mentally ill and mentally retarded in licensed Long-Term Care Facilities, Half-Way Houses, Sheltered Workshops, and includes home placement and home visiting.

"Governmental Unit" means the State, a State agency, a county, a political sub-division of the State, or the agency of any political sub-division.

"Licensed Facility" means a Hospital, Hospital Related Facility, or Long-Term Care Facility licensed as such by the State Department of Health.

"Alcoholism Treatment Center" means a facility especially staffed and equipped to provide the following: diagnosis, detoxification, treatment, prevention and rehabilitation of individuals suffering from alcoholism.

"Narcotic Treatment Center" means a facility especially staffed and equipped to provide the following: diagnosis, treatment, detoxification, prevention and rehabilitation of individuals suffering from narcotic or drug addiction.

This rule does not apply to facilities operated by an agency of the Federal Government.

(3) Application of Rules. The facilities with which these rules are concerned include, but are not necessarily limited to, the following:

(a) Community Mental Health Center. A Community Mental Health Center, under the direction of a qualified psychiatrist, provides comprehensive services and continuity of care for the prevention, early detection, treatment, and follow-up care of mental disorders within a designated geographic area. This center is essentially a program rather than a building. As a minimum, the center must provide: inpatient services, outpatient services, partial hospitalization services, such as day care, night care, or weekend care, emergency services twenty-four (24) hours a day, consultation and education services.

In addition, it is desirable that diagnostic services, rehabilitative services, including vocational and educational programs, pre-care and after-care services in the community including foster home placement, home visiting, and half-way houses, training and research and evaluation be provided.

To deliver this broad range of services, a flexible organization with a multi-disciplinary staff is required. The above services may be rendered by a single or multiple administration in a discrete physical facility or multiple facilities or by written contracts and/or agreements with other facilities such as hospitals, clinics, or educational institutions which may combine to provide the continuity of services listed above.

(b) Mental Hygiene Clinic. A Mental Hygiene Clinic under the direction of a qualified psychiatrist provides diagnostic, consultation, and therapeutic services for outpatients with the help of a professional staff that includes, as a minimum, the disciplines of psychiatry, psychology, and social work which may further be augmented from the many related disciplines.

(c) Psychiatric Unit of a General Hospital. When a general hospital has a psychiatric unit or service, it will provide for the care and treatment of patients admitted for psychiatric disorders and also for those patients who, in the course of hospitalization for another reason, experience a psychiatric illness. The unit usually focuses on intensive short-term therapy and diagnostic services. Some hospitals may provide for partial hospitalization and for outpatient services. The psychiatric service is organized as a "service" of the medical staff of the hospital. A qualified psychiatrist will serve as chief of the service and will assume responsibility for insuring that high standards of patient care are delineated by written policies and procedures and carried out.

(d) Public Psychiatric Hospital. An institution provided by the community whether city, county, or state, for the diagnosis, treatment, and care of patients with psychiatric and neurological disorders. It will provide both short-term and long-term treatment and admit patients both voluntarily and by legal commitment. The institution should develop a wide range of services including programs of varying degrees of partial hospitalization, outpatient services, rehabilitation, vocational guidance, and after-care in addition to the intensive inpatient treatment program. A proper balance of these programs allows for the more efficient use on inpatient services.

(e) Alcohol and/or Narcotic Treatment Facility. These facilities must offer the following:

(i) Inpatient service.

(ii) Outpatient service.

(iii) Partial hospitalization services such as day care, night care, weekend care.

(iv) Emergency services twenty-four (24) hours per day must be made available within at least one of the first three (3) services listed above.

(v) Consultation and education services available to community agencies and professional personnel.

In addition to the above, the following are recommended:

(vi) Diagnostic services.

(vii) Rehabilitative services including vocational and educational programs.

(viii) Pre-care and after-care services in the community including foster-home placement, home visiting and half-way house.

(ix) Research and evaluation.

The above services may be offered by one agency in one building, or by several agencies in several buildings, and by contract or written agreement with local hospitals, clinics, educational institutions, and like agencies.

(f) Public Mental Retardation Hospital and/or School. This institution is provided by the community whether city, county, or state for the diagnosis, evaluation, treatment, training, and care of patients suffering from mental retardation and associated disabilities. It will provide both short-term and long-term treatment and admit patients both voluntarily and by legal commitment. The institution should develop a wide range of services including programs of varying degrees of partial hospitalization, outpatient services, rehabilitation, vocational guidance, and after-care in addition to the intensive inpatient treatment program.

(g) Diagnostic and Evaluation Clinic. Must be of sufficient size to accommodate a staff which will be adequate to accomplish coordinated medical, psychological, and social service, supplemented where appropriate by nursing, educational, therapeutic, or vocational services and carried out under the supervision of personnel qualified to: diagnose, appraise, and evaluate mental retardation and associated disabilities, and the strengths, skills, abilities, and potentials for improvement of the individual and his family; determine the timely meeting of the needs of the individual; develop recommendations for a specific plan of services to be provided; and where indicated, systematically and periodically reassess the progress and needs of the individual. These clinics may be free standing or a part of such facilities as a mental retardation hospital or school, mental health facility, general hospital, residential or day-care facility, and associated agencies.

(h) Day Facility. Must be of sufficient size to accommodate treatment rooms, rooms for education, training, and custodial or work-shop services on less than a twenty-four (24) hour daily basis. The facility should provide participation in supervised programs formally developed to meet individual needs, and maintenance of a controlled environment in which appropriate habit formation, socialization and vocational preparedness are the basic goals.

(i) Residential Facility. Will provide accommodations for mild or moderately-retarded persons who, by reason of necessity, must remain on the premises for education, training, and daily-living activities.

(j) Half-Way House or Group Home Facility. Shall provide housing, counseling, and group-activity services for individuals capable of self care. The major function of such facility is to provide as much independence in living as can be maintained and which will assist the individual in his transition from institutional to community life.

(4) Existing Half-Way Houses

(a) Location.

(i) Every half-way house located within the corporate limits of a municipality shall comply with all local ordinances.

(ii) Every half-way house located outside the corporate limits of a municipality shall have fire and police protection.

(b) Building--General. Every existing half-way house shall meet the following requirements:

(i) Be structurally sound, clean, sanitary, and in good repair.

(ii) Floors and base of the following areas shall have smooth, easily cleaned, moisture resistant, resilient flooring or ceramic flooring: toilets, baths, janitor closets, dining rooms, recreation and resident rooms. Carpeting may be installed at the discretion of the operator.

(iii) Walls and ceilings shall be kept in good repair, free from cracks or holes and be of a type of finish that can be satisfactorily cleaned.

(iv) All windows shall be in good repair, fit snugly and open and close easily.

(v) A centralized heating system shall be provided capable of maintaining a minimum temperature of seventy-eight degrees Fahrenheit (78° F.) in all occupied areas when the outside temperature is a minus twenty degrees Fahrenheit (-20° F.).

(vi) Existing space heaters may be used if vented from the outside and if approved as to type and installation by the State Fire Marshal or the local fire official. Unvented gas heaters and space heaters using room air for combustion shall not be permitted.

(vii) Protection from open flames and hot surfaces shall be provided.

(viii) All stairways and ramps shall be provided with sturdy handrails on one side for their full length. All stairways shall be provided with non-skid tread.

(ix) Every half-way house and every part thereof shall be kept clean, free of accumulations, dirt, trash, rubbish, garbage, and shall be kept odor free.

(x) Be so constructed and maintained as to prevent the entrance and harborage of rats, mice, insects, flies, or other vermin.

(xi) All half-way houses of non-fire resistive construction, of two (2) or more stories, with ten (10) or more residents shall install an automatic sprinkler system acceptable to the State Fire Marshal.

(xii) All doors opening into the corridor shall be of solid wood or metal having a one (1) hour fire resistive rating. No doors shall swing into the corridor except closet doors.

(xiii) Corridor widths of not less than thirty-six inches (36") shall be provided with wider corridors desirable.

(xiv) The width of stairways shall not be less than three feet (3').

(xv) Adequate parking space shall be available.

(c) Resident Bedrooms. Every existing half-way house shall meet the following requirements:

(i) Each single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms, and built-in drawers, closets, or wardrobes.

(ii) Each multiple-bed room shall have at least eighty (80) square feet usable floor area for each bed exclusive of vestibules, toilet rooms, and built-in drawers, closets, or wardrobes. There shall be three feet (3') minimum space between each bed and two feet (2') minimum space between a bed and the wall.

(iii) No resident room shall have more than four (4) beds. Not more than two (2) beds per resident room is recommended.

(iv) No bedroom shall have a ceiling height of less than eight feet (8').

(v) No room which opens into the kitchen shall be used as a bedroom.

(vi) No room shall be used as a bedroom if this requires passing through a kitchen to reach the bathroom, living room, or out-of-doors.

(vii) Each room used as a bedroom shall have at least one (1) outside window.

(viii) Each bedroom shall have an adequate clothes closet or wardrobe.

(ix) Each bedroom floor shall have a bathing facility in the ratio required below.

(x) Each bedroom shall have adequate and satisfactory artificial light and be equipped with at least one (1) duplex electric outlet for each bed. There shall be an electric switch in each bedroom near the entrance to control at least one (1) light in the room. Exposed wiring shall be enclosed in conduit. All wiring shall be in compliance with the National Electrical Code and be certified by a licensed electrician. Extension cords shall not be allowed.

(xi) Residents shall be housed only in rooms designated as bedrooms by the licensing authority. Rooms in which residents are housed shall be used for no other purpose.

(xii) Beds or other furniture shall not be placed so as to obstruct passage to corridors or exits.

(xiii) No resident bedrooms shall be below grade.

(xiv) No part of any room shall be enclosed or subdivided unless such part be separately lighted and ventilated.

(d) Bath and Toilet Rooms. Every existing half-way house shall meet the following requirements:

(i) Provide separate bathrooms for each sex at a minimum of one (1) bath or shower for each ten (10) beds. Grab bars should be provided at each bathtub and shower.

(ii) A toilet room for each sex at a ratio of one (1) water closet to each eight (8) beds shall be provided. Toilet rooms shall have lavatories.

(iii) No toilet rooms shall open directly into a kitchen, food preparation, or storage room. Neither shall it be so located that the resident must pass through any of the above areas to enter the toilet room.

(iv) All bath and toilet rooms shall be easily accessible and conveniently located. They shall be vented to the outside either by windows that can be opened or by an exhaust fan.

(v) Bathroom fixtures shall be of substantial construction, in good repair, and designed so that they may be cleaned satisfactorily.

(vi) Each toilet and bathroom shall be adequately lighted, have a light switch just inside or outside the door and be provided with a mirror for each lavatory.

(vii) Bathrooms and lavatories should not be used for cleaning, storing, or drying soiled linen or cleaning equipment.

(viii) Toilet seats shall have waterproof finish.

(ix) Each floor utilized by residents shall have a toilet room.

(e) Living, Dining, and Recreation Areas. The half-way house shall provide a comfortable area well-furnished and well-lighted for the use of residents. Under no circumstances shall the living room be used as a bedroom.

(i) The living, dining, or recreation area shall be large enough to provide necessary space for the activities of the residents. Living and recreation rooms shall be outside rooms.

(ii) Dining area shall be well-lighted and large enough to accommodate all residents.

(f) Janitor Closet. The janitor's closet should be equipped with hot and cold running water, a service sink, and adequate storage space for supplies and equipment. A floor type sink is recommended.

(g) Kitchen. Every existing half-way house shall meet the following requirement: Food service must comply with the Regulation for Food Service Establishments as adopted by the Division of Environmental Sanitation of the Montana State Board of Health on January 1, 1966.

(h) Storage Space. Every existing half-way house shall provide storage space for supplies, personal possessions of residents and staff, linen and similar items.

(i) Laundry Rooms. The laundry area, if provided, shall be in a separate room or rooms.

(i) Laundry equipment shall not be located in a bedroom, toilet room, or bathroom or kitchen.

(ii) The following facilities shall be provided when the laundry is done commercially:

(aa) Adequate space for sorting, processing, and storing soiled linen.

(ab) Storage space located to facilitate convenient pickup and delivery.

(ac) Separate storage facilities for clean linen.

(j) Office Space. Each existing half-way house shall provide adequate office space to meet the needs of the home.

(k) Electrical Requirements. All electrical equipment and systems shall be in accordance with applicable local codes and regulations. Where such codes are not in effect or where they do not cover special installations, the National Electrical Code shall govern.

(l) Plumbing. All plumbing shall comply with applicable local codes, National Plumbing Code and the Montana Plumbing Code.

(m) Gas Piping and Appliances.

(i) Gas piping and appliances shall be approved by the American Gas Association and shall be connected in accordance with the requirements of the utility company furnishing the gas.

(ii) Gas outlets shall not be provided in resident rooms.

(n) Dumb Waiters. Any elevators or dumb waiters, if installed, shall comply with all local and state codes.

(5) Organization and Personnel

(a) A governing body shall be organized and shall assume the legal and the moral responsibility for the conduct of the facility. The governing body thus organized may be designated as a board of directors or a board of trustees. For public facilities, the governing body is the governmental unit designated to assume responsibility.

The composition, size, and membership of the governing body depends upon the purpose and ownership of the facility, but its responsibilities are definite. It must adopt bylaws in accordance with legal requirements, meet at regularly stated intervals, appoint an executive committee, and other committees for special purposes, establish a formal means of liaison with the medical staff by means of a joint conference committee, appoint members of the medical staff, appoint a qualified administrator, and provide an appropriately equipped and staffed physical plant to maintain the necessary services for patients and/or residents.

(b) Director of a psychiatric hospital. In some facilities, he may be given a different title such as superintendent, chief, or administrator. The director of a psychiatric hospital should be a mental health specialist. He should be a board certified psychiatrist from a recognized institution of higher learning and must be licensed to practice medicine in the State of Montana.

(c) Director of a hospital for the Mentally Retarded. The director of a hospital for the mentally retarded may be a neurologist, pediatrician, specialist in internal medicine, or other specialist in fields of medicine relevant to mental retardation licensed to practice medicine in the State of Montana. In addition, he must have at least two (2) years of post-degree experience in administration in the field of mental retardation, or he may hold a Master's Degree in Hospital Administration from a recognized institution of higher learning.

(d) Administrator of a General Hospital with a psychiatric unit or services. The administrator must be qualified and have had actual experience of a suitable kind, nature, and duration in hospital administration. Preferably, the administrator will have had formal training in a graduate program in Hospital Administration, approved by the Association of University Programs in Hospital Administration. The diagnosis and treatment of mental disorders of patients in the hospital shall be the responsibility of the chief psychiatrist as shown in the constitution and bylaws of the hospital.

(e) Other Facilities. In psychiatric or mental retardation facilities other than hospitals, other mental health and allied professionals may serve as administrators. They shall be appropriately trained and in addition, should have the following qualifications:

(i) A Doctorate in Public Health or Master's Degree in Public Health, or a Doctorate or Master's Degree in Mental Health Administration.

(ii) A Ph.D. in clinical psychology from an American Psychological Association approved program or its equivalent and certification by the American Board of Examiners in Professional Psychology.

(iii) A Master's Degree in social work and recognition by the Academy of Certified Social Workers or a Master's Degree in psychiatric or mental health nursing.

(f) Medical Staff. There shall be an organized medical staff responsible to the governing body for the quality of all medical care provided for patients and residents and for the ethical conduct and professional practice of its members. Each member of the medical staff shall be properly qualified for membership and for performance of the clinical privileges granted to them.

(i) The medical staff must meet at least monthly and maintain minutes.

(ii) The medical staff will adopt bylaws, rules, and regulations.

(iii) Establish, as necessary, committees such as joint conference committee, executive committee, medical records committee, utilization review committee, credential committee, pharmacy and therapeutics committee, appropriate, and such other committees as may be required.

(iv) A medical staff attempts to secure autopsies in all cases of unusual deaths of a medical, legal, and/or educational interest.

(g) Nursing Service. Nursing service shall be provided where appropriate in mental health and mental retardation facilities under the direction of a fully qualified professional nurse. The number, qualifications, and practice of nursing service personnel must meet standards established by appropriate accrediting agencies and applicable laws.

(i) Registered Nurse is a graduate of a recognized school of nursing, registered and licensed to practice nursing in the State of Montana.

(ii) Licensed Practical Nurse is licensed to practice practical nursing according to Montana State Law following the completion of a program of pre-service preparation for practical nursing.

(iii) Psychiatric Aide is a non-professional person having undergone short, intensive pre-service training programs for psychiatric aides for patient care in simple situations, and functions as assistant to the registered nurse in situations requiring more specialized training.

(iv) Mental Retardation Aide is a non-professional person having undergone short, intensive pre-service training programs for mental retardation aides for patient care in simple situations, and functions as assistant to the registered nurse in situations requiring more specialized training.

(v) Pharmacist is a person licensed by the State of Montana to practice pharmacy.

(h) Dietetic Service. The special and general dietary needs of inpatients or residents shall be met through the provision of properly prepared food, adequate in nutritional content and attractively served in a relaxed atmosphere. The diet of patients is a medical responsibility and this service may be under the direction of a food service manager and/or a qualified dietitian who prepares the master menu and who is available on a consulting basis.

(i) Psychological Service. The psychological services in mental health and mental retardation facilities, where appropriate, shall be under the direction of a fully qualified psychologist with an adequate staff, including consultants, to plan and carry out assigned responsibilities.

(j) Social Work Services. Social work services in mental health and mental retardation facilities shall be available under the direction and supervision of a fully qualified social worker to fulfill all assigned responsibilities related to the specific needs of individual patients, residents, residents' families, and to assist in the development of appropriate community resources.

(k) Activities. An activities and recreational program in mental health and mental retardation facilities, where appropriate, shall be under the direction of qualified professional personnel and will be provided to enable fulfillment of the indicated daily program for each inpatient or resident. Qualified therapists, consultants, professional and non-professional volunteers, assistants, and aides must be adequate in number and by qualification to implement this program.

(l) Educational Program. An education program shall be provided, under qualified direction, for children and adolescents in day care and residential mental health or mental retardation facilities. Educational opportunities may also be provided for adults at the high school, college, and vocational levels.

(m) Medical Record. There must be a medical record maintained for every patient admitted for treatment or emergency services. The record shall contain sufficient information to clearly identify the patient, to justify the diagnosis and treatment, and to record the results. Records shall be current, active, and confidential. Each facility must maintain a medical records service adequate to provide accurate, accessible medical records, and easily retrievable information available from them. A medical records department is under the supervision of a medical record librarian who is responsible for indexing and filing to assure that they are readily accessible to the medical staff. A medical record librarian should be a graduate of a school which is approved by the American Medical Record Association. She should be registered by the American Association of Medical Record Librarians. If such a qualified librarian is not available, the person in charge of the medical records service utilizes the consultation services of a registered medical record librarian in maintaining this service. All medical records for hospitalized patients contain the following information:

(i) Identification data including the patient's legal status.

(ii) A provisional or admitting diagnosis made at the time of admission. If a patient requires hospitalization, the staff needs this information to proceed intelligently. Chief complaints of the patient and the chief complaints of others regarding the patient.

(iii) Present illness and the circumstances leading to admission.

(iv) History, physical examination, and psychiatric evaluation or mental status. These records should provide sufficient detail to enable another physician to assume the care of the patient. All entries must be signed and dated. Physical examinations, psychiatric evaluations, resumes, diagnostic information, or opinions requiring medical judgment must be signed by the physician responsible.

(v) Social service, psychological reports, and nurses notes.

(vi) Consultations. Consultations imply an examination of the patient and his records. The consultation note is recorded and either signed or authenticated by the consultant.

(vii) Clinical laboratory report. The original signed laboratory report is entered in the patient's record; duplicates are filed in the laboratory.

(viii) X-ray reports. The original signed radiological report is entered in the patient's record; duplicates are filed in the X-ray department.

(ix) Tissue reports. Since all tissues removed in surgery are sent to the laboratory for microscopic or macroscopic examination, the patient's record includes an acknowledgment that the tissue has been received and a gross description. All tissue examinations should include a description of the findings.

(x) Treatment. All treatment procedures are documented in each medical record and signed by the physician. Nurses must indicate, by signature, that treatment orders have been carried out. Reports are included about group and individual psycho-therapy, occupational therapy, recreational and other therapeutic activities. The patient receives a complete diagnostic workup before surgery except in cases of grave emergencies. Operative notes are dictated immediately after surgery and contain both a description of the findings and a detailed account of the techniques used and the tissues removed.

(xi) Pre-operative and post-operative anesthetic notes must be made by the anesthetist.

(xii) Progress notes. Progress notes are important and give a chronological picture and analysis of the patient's clinical progress. The frequency with which they are made is determined by the patient's condition, as well as to satisfy review requirements.

(xiii) Mental Diagnosis. A mental diagnosis is based on terms specified in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders in the international classification of diseases.

(xiv) Summary. A summary of the patient's course of treatment and response in the hospital, and his condition upon discharge is included in the recapitulation of the patient's hospitalization.

(xv) Autopsy findings. When an autopsy is performed, a complete protocol of findings forms a part of the record. In cases of suicide, a psychological autopsy report is included. A psychological autopsy explores in detail the motivation and behavioral clues that might have lead to the patient's suicide.

(n) Outpatient medical records include the above information in each category appropriate to the diagnostic workup and treatment plan.

(o) There is a numerical system of identification and filing of patient records. Records are also indexed according to illness and physician responsible. Confidentiality and legal protection of records are maintained in accordance with legal provisions and medical ethics.

(p) Professional Library. A professional library shall be maintained according to the needs of the staff.

(q) Public Information. Public information functions shall be assigned to a member of the staff to insure the proper dissemination of information about the facility, services it provides for the community, and related topics of interest to the public, the staff, and the patients and/or residents.

(r) Personnel Policies. Personnel policies and up-to-date employment records covering all employees shall be maintained. Personnel records shall contain the following information:

(i) Name, current address, and telephone number.
(ii) Social Security number.
(iii) Date of Birth.
(iv) References.
(v) Work experience
(vi) Qualifications and education.

(vii) The records of all registered professional nurses, licensed practical nurses, and all other licensed employees shall indicate the original license number. Date of expirations of current registration shall be included.

(viii) Results of pre-employment physical examination, including annual certification of freedom from active pulmonary tuberculosis.

(ix) Dates of employment.

(x) Position (type of work and hours on duty each day).

(xi) Dates of termination of employment.

(xii) Reasons for discharge or resignation.

(xiii) Daily work schedules of employees shall be kept for the previous three (3) month period showing the personnel on duty at any given time.

(xiv) A record shall be kept of all accidents to employees, sustained in the course of employment, in accordance with the regulations of the Montana State Industrial Accident Board.

(s) Pharmacy. The facility has a pharmacy directed by a registered pharmacist, or a drug room under competent supervision. The pharmacy or drug room is administered in accordance with accepted professional principles. Facilities are provided for the storage, safeguarding, preparation, and dispensing of drugs. Records are kept of transactions and correlated with other hospital records where indicated. Such special records are kept as are required by law. Policies are established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage. There is a committee of the medical staff to confer with the pharmacist in the formulation of policies.

(t) Laboratories. The facility has a well organized, adequately supervised clinical laboratory with necessary space, facilities, and equipment to perform those services commensurate with the patients' needs. Anatomical pathology services and blood bank services are available either in the hospital or by arrangement with other facilities. All tissues removed at operation are sent for examination. The extent of examination is determined by the pathology department or consulting pathology service.

(u) Radiology Services. The facility has diagnostic X-ray facilities available. If therapeutic X-ray services are provided, these, as well as the diagnostic services, meet professionally approved standards for safety and personnel. The X-ray department is free of hazards. Interpretation of radiological examinations is made by physicians recognized as competent in the field of radiology. (History: Sec. 69-5213, R.C.M. 1947; Order MAC No. 16-1; Adp. 12/31/72; Eff. 12/31/72.)

16-2.22(1)-S2220 LONG-TERM CARE FACILITIES, LICENSING AND CERTIFICATION (1) No facility covered by these rules may be operated unless licensed according to applicable statute.

(2) Definitions:

"Long-Term Care Facility" means a place operated for profit or not, which provides to a total of four (4) or more persons, any of the following: nursing, personal care, and maintenance; provided that this decision applies only to such persons as are unable to properly care for themselves. "Long-Term Care Facility" also means a place operated for profit or not, which provides sheltered care to four (4) or more aged persons not related to the operator by blood or marriage. It includes:

"Extended Care Facilities" which are facilities primarily furnishing regular, organized, medical services for skilled convalescent and/or rehabilitative care, following transfer from a hospital after a period of acute illness;

"Nursing Homes" which are facilities furnishing skilled nursing care and related services;

"Personal Care Homes" which are facilities providing personal care and services to residents not in need of skilled nursing care;

"Boarding Homes" which are facilities providing only maintenance and sheltered care; and

Facilities providing combinations of services provided by extended care facilities, nursing homes, personal care homes, and boarding homes.

"Administrator or Operator" means an individual designated by the responsible corporate or governing body to be in charge of operations in the long-term care facility. Any facility having licensed extended care facility beds or nursing home beds must be administered by a Montana licensed nursing home administrator.

"Restraint" means the employment of any means or device to limit movement of a patient or resident.

"Registered Nurse" means a nurse currently licensed by the state to practice nursing. The practice of professional nursing means the performance for compensation of any act in the observation, care and counsel of the ill, injured or infirm, or in the maintenance of health or prevention of illness of others, or in the supervision and teaching of other personnel, or the administration of medications and treatments as prescribed by a person licensed in this state to prescribe such medications and treatments; requiring substantial specialized judgment and skill and based on knowledge and application of the principles of biological, physical and social science. The foregoing shall not be deemed to include acts of diagnosis or prescription of therapeutic or corrective measures.

"Licensed Practical Nurse" means a practical nurse currently licensed by the state to practice practical nursing. The practice of practical nursing means the performance for compensation in the care of the ill, injured or infirm, of acts selected by and performed under the direction of an R.N., or a person licensed in this state to prescribe such medications and treatments; and not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.

"Aide, Attendant, or Orderly" means a nonprofessional person employed in the home to assist with patient or resident care.

"Pharmacist" means a person licensed by the state to practice pharmacy.

"Prescription" means the order of a duly licensed physician or dentist for the compounding and/or dispensing of drugs.

"State Fire Marshal" means the Fire Marshal of this state.

"Governing Body" means the board, directors, committee or committees, responsible for the development and approval of basic policies governing all aspects of the operation of the long-term care facility.

"Patient" means an individual cared for in a skilled nursing home even though such person does not require skilled nursing care.

"Resident" means an individual cared for in a personal care or boarding home.

"Licensing Law" refers to Chapter 52, Title 69, Revised Codes of Montana, 1947.

"Duly Licensed" means the person to whom the term is applied has been duly and regularly licensed by the proper authorities to follow his or her profession or vocation in the state. When applied to a long-term care facility, it shall mean the facility has been licensed by the Board.

"Facility" means a long-term care facility for the aged as the context may indicate.

"Nursing Care" means care which meets the physical and emotional needs of a patient as regulated by the Nurse Practice Act of this state.

(3) Licensure of Facilities

(a) Application of Regulations.

(i) These regulations apply to long-term care facilities defined in the act. Every long-term care facility must meet the conditions contained herein.

(ii) Every home that admits or maintains patients requiring nursing care shall meet the requirements contained in Subsection (6).

(iii) Every home that admits or maintains residents requiring personal care services shall meet the requirements contained in Subsection (8).

(iv) Every home that admits or maintains residents needing boarding home services shall meet the requirements contained in Subsection (9).

(b) General Requirements.

(i) Before any person(s), partnership or corporation shall directly or indirectly operate a long-term care facility, he shall make application to receive a valid license for the operation of the long-term care facility. No patient or resident shall be admitted or cared for in a long-term care facility until a license is issued.

(ii) Applicant for license shall conform to all applicable rules of the Board.

(iii) An inspection will be made by an authorized representative of the Department upon receipt of a license application to determine that minimum standards are met and that the applicant and proposed staff are qualified. A license shall be issued for a period of one (1) year if these conditions are met. Inspection may be conducted at other times as necessary for reported violations of minimum standards, rules and regulations.

(iv) All records required under these regulations shall be open to inspection by an authorized representative of the Department.

(c) Application for a License.

(i) Application to the Department for a license to operate a long-term care facility shall be signed by the owner or operator. Application shall be made on forms furnished by the Department and submitted to the Department fifteen (15) days prior to the proposed opening and annually thereafter.

(ii) Each application for license shall be accompanied by the license fee of twenty dollars ($20) which shall be retained and deposited in the State Treasury if the license is granted. The fee will be returned to the applicant if license is denied.

(iii) The application shall contain:

(aa) The name and address of the applicant if an individual; or the name and address of each member if a firm, partnership or association; or the name and address of each officer if a corporation;

(ab) The name of the person or persons who will manage or supervise the facility;

(ac) The number and type of patients or residents for which care is provided;

(ad) Any information which the Board may require pertaining to the number, experience and training of employees;

(ae) Information on ownership, contract or lease agreement, if operated by a lease agreement by a person other than the owner;

(af) Proof of financial ability to comply with these rules and regulations and to properly maintain and operate the facility.

(d) Issuance of a License.

(i) Every long-term care facility shall be designated by a distinctive name in applying for a license and the name shall not be changed without first notifying the Department in writing.

(ii) No long-term care facility licensed under the provisions contained herein shall by name or otherwise create the impression that it is a hospital unless licensed as such by the Department.

(iii) A separate license shall be required for each long-term care facility when more than one (1) such facility is operated by the same management. However, separate licenses are not required for annexes on the same ground used by the long-term care facility. Separate buildings or cottages on the same ground used by the facility will not be licensed in this classification unless adequate personnel are available at all times.

(iv) Each license shall specify the maximum allowable number of beds in the long-term care facility.

(v) The license shall be posted in a conspicuous place on the licensed premises.

(vi) In the event of change of ownership and/or control of the home, the license is not transferable. The license shall be returned to the Department for cancellation. When a sale of an existing home or change of ownership is contemplated, the Division of Hospital and Medical Facilities of the Department is to be advised prior to any final transaction in order that it may be determined what deficiencies need to be corrected to bring the facility into compliance with standards for new construction. Homes ceasing operation and closed shall meet the requirements of the current standards when reopened under any management.

(vii) Long-term care facilities may be licensed under a combination of classifications when requested, providing that the applicant designates in the application the number of beds involved for each classification and that all standards applicable to each classification are met.

(viii) If a home is closed, the license shall be returned to the Department for cancellation.

(e) Renewal of License.

(i) Each license to operate a long-term care facility shall expire annually following the date of issue except for provisional licenses provided in Subsection (f) of this part. Renewal of license shall be made upon application forms prescribed and furnished by the Department.

(f) Provisional License.

(i) Under special circumstances the Board may issue a provisional license for a facility in order to meet an unusual condition in a community or area.

(ii) This license shall be issued for a specified period of time but shall be less than one (1) year.

(g) Denial of License.

(i) A license may be refused on any of the following grounds:

(aa) Failure to meet the minimum standards prescribed in Section 69-5213, R.C.M. 1947.

(ab) Nursing or other staff personnel insufficient in number and not licensed as required by law or unqualified by lack of training or experience to properly care for proposed number and type of patients or residents.

(ac) Evidence of a felony conviction as shown by the certified copy of the judicial record of conviction of the applicant or of any members or officers or persons designated to manage or supervise the facility except as may be waived by the Board.

(ad) Satisfactory evidence that the applicant, manager or supervisor to the facility possesses traits of character inimical to the health and safety of the resident.

(ae) Financial inability to operate and conduct the facility in accordance with the requirements of this act and the minimum standards, rules and regulations adopted thereunder.

(af) The character and reputation of any employee in the home being such that it jeopardizes the welfare of the patients or residents of the home. Addiction to the use of narcotics, use of intoxicants while on duty, profanity or abusive language to patients or residents on the premises, immoral conduct, misuse or mishandling of patients' or residents' personal funds or personal property shall be sufficient cause for denial or revocation of license.

(h) Revocation of License.

(i) A license may be revoked or renewal denied for any of the following reasons:

(aa) Cruelty or indifference to the welfare of the patients or residents.

(ab) Misappropriation of the property or funds of the patients or residents.

(ac) Conversion of the property of the resident or patient without his consent.

(ad) Violation of any provision of Sections 69-5201 through 69-5221, R.C.M. 1947, or of the minimum standards of the rules promulgated by the Board.

(ae) Any ground upon which application for a license may be denied as prescribed in Subsection (c).

(ii) Each license shall be returned to the Department immediately on its revocation or if the facility voluntarily ceases operation.

(4) Fire Regulations

(a) Introduction.

(i) Long-term care facilities shall conform to these rules and regulations recommended by the State Fire Marshal establishing minimum standards for the prevention of fire and panic.

(ii) The NFPA 101 Life Safety Code, 1967 21st edition, with equivalency criteria as outlined by the Bureau of Health Insurance pertaining to sprinkler requirements of the above code, is adopted as the standard for fire and life safety in all health care facilities licensed under Chapter 52, Title 69, Revised Codes of Montana 1947. Excepted are those facilities with occupancy of nine (9) individuals or less.

(iii) All long-term care facilities shall be designed, constructed, maintained and operated so as to minimize the possibility of a fire emergency. Occupants cannot be assured adequate safety by evacuation of the building alone. Protection from the fire will be provided by the following:

(aa) Acceptable fire alarm system as approved by the State Fire Marshal;

(ab) Proper design, construction and compartmentation;

(ac) Provision for fire detection and extinguishment; standpipes will be installed as required by state and local fire authority;

(ad) Fire prevention and the planning, training and practice drills for transfer of occupants to areas of refuge or evacuation of the building.

(iv) Effective planning in each facility should contain as a minimum the following:

(aa) A thorough understanding of the building and an awareness of its advantages and limitations as related to safety from fire;

(ab) Development and administration of an adequate fire plan to be used in the event of fire. This should include training of staff and periodic drills with continued evaluation and upgrading;

(ac) Routine testing and maintenance of all systems to assure their continued good working order;

(ad) Adequate staffing at all times for fire emergencies;

(ae) Storage of all supplies, unused equipment and refuse so as not to create a fire hazard or render fire alarms and extinguishing systems inoperable or inaccessible.

(af) Establishment of fire and safety policies to be followed by both staff and public;

(ag) Establishment and maintenance of a close relationship with local fire fighting and control agencies to acquaint them with the building, their contents and the administrative policies and procedures developed to prevent and fight fires.

(v) It is possible to conduct life safety drills without disturbing occupants by advance planning, by choosing the location of simulated emergency and by closing doors to occupants' rooms in the vicinity. The exact nature of this emergency organization must be governed by such factors as the number of available employees, the structural features and other elements pertinent to the local situation. To be effective, the organization should have a definite working plan, competent leadership, rigid discipline, maintenance of necessary apparatus, and a training schedule carried out under competent supervision.

(vi) It is advisable to secure the cooperation of the local fire department officials in developing the plan and in training employees.

(vii) In case of fire: When a fire is discovered, the following procedures should be observed: remove occupant from immediate danger, activate fire alarm system in the building, call local fire department, and fight fire.

(viii) These steps are listed in the order of priority; however, if there are adequate personnel on duty, they should be done simultaneously. No time should be wasted between the discovery of the fire and notification of the fire department and all personnel concerned. Any person discovering fire or smoke should be authorized to give the alarm according to prescribed practice without securing authority from any other source. Alarm should be given regardless of the apparent size of the fire.

(ix) Fire and safety training: The following is recommended:

(aa) Continuous training of staff and occupants with respect to fire safety will promote quick and effective action in cases of emergency.

(ab) Removing the occupant from immediate danger: The term "evacuation" is applied to the movement of occupants in a fire emergency. This does not necessarily mean the emptying of the building; rather, it denotes the removal of occupants from an area of danger to an area of refuge.

In unprotected, highly-vulnerable buildings, this usually means the removal of occupants from the building.

In partially-protected structures, it may mean moving to a temporary area of safety until removal from the building is determined necessary.

In a well-protected building it may mean only temporary removal beyond a smoke barrier on the same floor. This is known as horizontal evacuation. Whenever possible, horizontal evacuation is the preferred procedure.

Vertical or downward movement to a safe area is used if corridor separation is lacking on the floor involved in the fire.

If stairwells and shafts are enclosed, refuge may be found one (1) floor below the fire. If stairwells are enclosed with fire-resistive material, the stairwells become refuge areas.

(x) Difficulties encountered in carrying critically ill patients on stretchers or mattresses down stairways or to the outside have compelled widespread dependence on smoke barriers in the corridors. To provide refuge areas, occupant floors are subdivided by fire and smoke-resistant partitions.

(xi) Evacuation of occupants and personnel from the facility should be a last resort. The occupant should be removed from the fire area to a safe area within the building if possible. While the fire department is fighting the fire, a pre-arranged evacuation corps should be alerted to evacuate the building, if so ordered. Arrangements must be made in advance for the use of another building as a temporary shelter.

(xii) Activating the fire alarm system: This system, when activated, should alert everyone in the building. Its use should be included in all drill procedures.

(xiii) Calling the fire department: This action will vary in individual communities. Arrangements should be made with the local fire chief to call the fire department when drills are being held. There should be an alternative means of alerting the fire department in the event normal communication channels become inoperable.

(xiv) Fighting the fire: A small blaze is the easiest to control. Therefore, fire fighting with a hand extinguisher should take precedence over all activities except the safety of the occupants and giving the alarm. A fire which does not receive the necessary attention in the first few moments may assume serious proportions. All long-term care facilities are required to have portable fire extinguishers located throughout the building. The proper extinguisher must be used in an effective and efficient manner to extinguish or control a small fire. Personnel should become familiar with the types of extinguishers in the building and their methods of operation. Your local fire department is trained to explain the use of the extinguishers.

Each staff member should be completely familiar with the general fire plan for the facility and the four basic procedures so that their actions become automatic and instinctive.

(xv) Fire extinguisher shall be within easy reach.

(b) Definitions. The following are definitions of terms used in this section:

"Ambulatory" shall mean a person who, without aid, is physically and mentally capable of negotiating a normal path to safety.

"Semi-ambulatory" shall mean a person who may be able to help himself to some degree, but requires assistance.

"Bed Patient" shall mean a person who requires total assistance in moving from bed to any designated area of evacuation.

"Occupant" shall mean any individual cared for in a long-term care facility.

"Approved" shall mean acceptable to the State Fire Marshal and/or the Board in accordance with the National Fire Protective Association Life Safety Code, 1967, No. 101.

"Attic" shall mean that space between the ceiling beams of the top habitable story and the roof rafters.

"Automatic" as applied to fire protection devices shall mean a device or system performing an emergency function without the necessity of human intervention.

"Automatic Sprinkler System" shall mean an arrangement of piping and sprinklers designed to be activated automatically by the heat of fire.

"Basement" shall be a floor level below the main or street floor; where, due to differences of grade, there are two (2) levels each qualifying as a street floor, a basement is any level below the lower of the two (2) street floors.

"Combustible" shall mean any material or substance capable of burning.

"Combustible or Hazardous Storage Area or Room" shall mean those areas containing heating generating apparatus and boiler rooms; basements or attics used for storage, workshops, such as carpenter shops, paint shops and upholstery shops; storerooms for furniture, mattresses, miscellaneous items, and other areas that contain combustible materials.

"Exit" shall mean the path of egress that is a continuous route of travel from any point in the building or structure to the outside at ground level.

"Fire Door" shall mean a fire resistive door assembly including frame and hardware which, under standard test conditions, meets the fire protection requirements for the location in which it is to be used and must give protection against the passage of fire equal to surrounding construction.

"Fire Partition" shall mean a partition which subdivides a floor of a building to provide an area of refuge or to contain the fire.

"Fire Resistance" shall mean the property of a material or assembly to withstand fire or give protection from fire.

"Fire Resistance Rating" shall mean the time in hours that material or assemblies will withstand a fire exposure as established in accordance with the test procedures of standard methods of fire testing.

"Fire Wall" shall mean a wall of brick or reinforced concrete having adequate fire resistance and structural stability under fire conditions to accomplish the purposes of completely subdividing a building or completely separating adjoining buildings. A fire wall shall extend continuously through all stories from foundation to or above the roof.

"Flame Spread" shall mean flaming combustion along any surface.

"Flammable Liquid" shall mean any liquid which is governed by the rules promulgated by the State Fire Marshal under the state laws governing the handling, storage and transportation of petroleum and petroleum products.

"Local Fire Alarm System" shall mean the local system of electrically or manually supervised devices, the signals of which are transmitted to one (1) or more places in the premises covered.

"Automatic Fire Alarm System" shall mean a system which automatically detects a fire condition and actuates a fire alarm signal device.

"Manual Fire Alarm System" shall mean a system which is not automatic.

"Means of Egress" shall have the same meaning as exit, as defined herein.

"Existing Homes" shall mean homes in operation and licensed by the Board prior to the effective date of these rules.

"New Homes" shall mean new construction, existing licensed homes to which additions are made and existing buildings converted to long-term care facilities.

"Smoke Barrier" shall mean a partition with a fire resistance rating of not less than one (1) hour equipped with a door and jamb of the same rating and hung so as to be reasonably smoke and gas tight when closed.

"Sprinklered" shall mean to be completely protected by an approved system of automatic sprinklers installed and maintained in accordance with approved standards.

"Smoke Detection" shall mean to be completely protected by an approved system of smoke detection installed and maintained in accordance with approved standards.

"Story" shall mean that part of the building between a floor and/or roof next above and shall apply to the basement and subbasement. First story is defined as being the story, the ceiling of which is first above the grade level.

"Fire Resistive Construction" shall be that limited to type "A" and "B" buildings in accordance with National Building Code.

Type "A" shall be independent, protective steel frame supporting roof, floor and wall loads and other structural parts of masonry materials.

Type "B" shall be either independent, masonry, frame-supporting floor, walls and roof loads or monolithic reinforced concrete, or masonry bearing walls and protected steel or reinforced concrete columns supporting roof, floor and wall loads. All other structural parts are of masonry materials.

"Ordinary Construction" shall mean that type of construction having exterior walls of noncombustible material such as brick or cement block and other structural members including floors, roofs, beams, girders and joists which are wholly or partly of wood or other combustible materials.

"Wood Frame Construction" shall mean that type of construction in which the structural members are wholly or partly of wood or other combustible material and the construction does not qualify as ordinary construction.

(c) General Provisions. The purpose of this subsection is to specify measures which will provide that degree of public safety from fire which can reasonably be expected. The regulations avoid requirements which involve unreasonable hardships and unnecessary inconvenience or interference with the normal use and occupancy of the building. Compliance with the minimum standards for safety necessary in the public interest is mandatory.

Nothing in these regulations shall be construed to prohibit a better type of building construction, more exits or otherwise safe conditions than the minimum requirements specify.

These regulations do not attempt to cover general fire prevention or building construction features such as commonly dealt with in building codes.

These regulations cover both new and existing construction. In separate subsections there are specific provisions for existing structures and for new construction. Where there are no specific provisions for existing structures, the requirements for new construction shall prevail.

Existing buildings and structures shall not be occupied or used if shown to be in violation of these standards.

Any changes or alterations made in any building or structure whether new or existing shall be in conformity with the provisions of these regulations.

(i) Exits. Every facility shall be provided with appropriate exits to afford all occupants a convenient, safe means of egress. Exits shall be so arranged and maintained as to provide free and unobstructed egress from all parts of the building at all times. No lock or fastening to prevent escape from the inside of any building shall be installed, unless specifically allowed in these regulations. Every exit shall be clearly visible and the route to reach it shall be conspicuously indicated. Every required exit, way of approach thereto, and way of travel from the exit to the outside at ground level shall be maintained free of all obstructions or impediments to afford instant use in case of fire or other emergency.

(ii) Exceptions. The following will not be considered exits for the purpose of these regulations: revolving doors, elevators, portable ladders.

(iii) Exit Details. Exits shall be restricted to the following permissible types: doors leading directly outside the building, stairs, ramps, horizontal exit, outside stairs.

At least two (2) exits of the above types, remote from each other, shall be provided for each floor or fire section of the building. At least one (1) exit in each floor or fire section shall be as indicated in the above subsection.

Every bedroom, unless it has a door leading directly to the outside of the building, shall have at least one (1) outside window which can be opened from the inside.

An exit shall be so placed that the entrance door of every private room and every point in open wards, day rooms, dormitories, dining room and other spaces shall not be more than one hundred feet (100') along the line of travel from the nearest exit. If the entire building is completely protected by a standard automatic sprinkler system and/or smoke detection system connected to the facility fire alarm, the distance may be one hundred and fifty feet (150'). Every exit shall be so arranged that no corridor has a pocket or dead end exceeding thirty feet (30') in which occupants might be trapped.

(iv) Exit Doors.

(aa) All exit facilities shall follow the recommendations of the Building Exits Code of the National Fire Protection Association.

(ab) Width of doors to sleeping rooms as covered in these regulations shall be in accord with specifications delineated in other divisions.

(ac) Doors in fire separations, horizontal exits, and smoke stop partitions may be held open only by electrical hold-open devices. The doors shall close upon actuation of the fire alarm system and shall permit manual operation. In addition, the doors shall close by at least one (1) of the following methods: activation of the sprinkler system; actuation of any detector of a complete fire detection system; local smoke detection devices installed in such a way as to detect smoke or other products of combustion on either side of the door openings. Door to stairway enclosures or in walls surrounding hazardous areas shall not be equipped with hold-open devices.

(ad) All exit doors shall be so arranged as to readily open to the outside. Locks, if provided, shall not require the use of a key for operation from the inside of the building.

A latch or other fastening device on an exit door shall be provided with a knob, handle, panic bar or similar type releasing device, operation of which is easily accomplished even in darkness.

A door of exit designed to be kept normally closed shall be provided with a reliable self-closing mechanism and shall not at any time be secured in the open position. An exit door designed to be kept normally closed shall bear a sign reading substantially, "Fire Exit, Please Keep Door Closed."

In any building of low or moderate hazard content, where the authority having jurisdiction approves, stairways, doors, smoke-stopped doors and doors on horizontal exits may be kept open if upon release the door becomes self-closing or an approved self-release device is provided and so arranged that upon interruption of electrical current or activation of the fire alarm, the door will close automatically.

(v) Vertical Openings.

(aa) Vertical openings used as ways of exit, consisting of interior and exterior stairs and ramps, shall be a minimum of forty-four inches (44") in width. The tread surface must be of a nonskid variety.

(ab) Each multi-story facility must have a minimum of two (2) such ways of egress widely separated so as to provide alternate means of exit for each floor.

(vi) Protection of Vertical Openings.

(aa) Interior stairways shall be protected by complete enclosure with walls having fire resistance rating, appropriate to the type of building construction, to protect the stairway as a means of exit and to prevent the spread of fire or smoke up the stairway from floor to floor; except that where a standard stairway enclosure is impractical, partitioning with similar materials to cut off the stairway at floor levels may be accepted.

(ab) Vertical openings through floors and ceilings, such as spaces around pipes, conduits and ducts, shall be fire stopped. Where such openings are to be protected by automatic sprinklers, the installation shall conform with the standards of the American Insurance Association for the installation of sprinkler systems. Where such openings are to be protected by a smoke detection system, it must be designed to provide maximum early warning and it must be connected to the facility fire alarm. The installation of an automatic sprinkler system and/or a smoke detection system must be approved by the State Fire Marshal.

(vii) Horizontal Exits.

(aa) A horizontal exit is a passageway from one building to an area of refuge in another building on approximately the same level, or a way through or around fire walls and fire partitions on the same level in the same building.

(ab) Every horizontal exit shall have at least one (1) stairway, outside door, or other standard exit. All exit corridors shall be no less than eight feet (8') in clear width. Exit stairs and ramps shall be a minimum of forty-four inches (44") clear width except for existing facilities as specified elsewhere in these rules.

(ac) Horizontal exits shall be so arranged that there are continuously available paths of travel leading to the outside.

(ad) All doors used in connection with a horizontal exit shall be unlocked at all times.

(viii) Signs and Lighting.

(aa) Every exit and way of exit access shall be illuminated at all times.

(ab) Artificial lighting shall be employed in such places and for such periods of time as required to maintain the illumination necessary for safety. A desirable form of exit lighting is by lights recessed in halls about a foot above the floor. Illumination shall be so arranged that the failure of any single light will not leave any area in darkness.

(ac) Signs bearing the word "Exit" in plainly legible block letters shall be placed at each exit opening. Additional signs shall be placed in corridors and passageways where necessary to indicate the direction of exit. Letters of signs shall be at least six inches (6") high, except letters of internally illuminated exit signs may be four and one-half inches (4 1/2") high. All exit and directional signs shall be maintained in a clearly legible condition by electric illumination or other acceptable means when natural light fails. All stairways and other ways of exit and the corridors or passageways pertinent thereto, shall be properly illuminated at all times to facilitate egress.

(ix) Fire Extinguishers.

(aa) Approved type fire extinguishers shall be provided for each floor so located to be no more than seventy-five feet (75') from any one point. An additional extinguisher shall be provided in or adjacent to the kitchen and each basement storage room as well as flammable gas or liquid storage room.

(ab) The type and number of portable fire extinguishers shall be determined by the State Fire Marshal. The confirmation of compliance with the above requirements shall be by the local authority having jurisdiction.

(ac) Fire extinguisher requirements are those as provided in Sec. 69-1807, R.C.M. 1947.

(x) Automatic Sprinklers and/or Smoke Detection Equipment. All facilities having two (2) or more stories in height of ordinary construction or frame construction with ten (10) or more residents shall be provided with an automatic sprinkler system and/or smoke detection system connected to the facility fire alarm. The only exception is that a sprinkler system and/or smoke detection system will not be required in the existing two (2) story buildings of ordinary construction or frame construction where habitable upper floor is basically a converted attic, provided that such space on the upper floor is vacated, all utilities disconnected and removed in an approved manner and the only access to the upper level is by means of an access panel in the ceiling of the floor below. No storage shall be allowed in the attic area.

Drawings and specifications covering automatic sprinkler systems and/or smoke detection systems shall be submitted for prior review and approval to the rating authority having jurisdiction and the local authority and one (1) set of such drawings of specifications carrying the approval shall be submitted to the State Fire Marshal. Installation shall conform with the approved plans and specifications. The address of the rating authority will be furnished upon request by the Department.

(aa) Automatic sprinklers. A sprinkler system for fire protection purposes may be defined in principle as a network of specially sized piping installed throughout a building at the ceilings to which systematically spaced sprinkler heads are connected. This system is connected to a suitable water supply through a controlling valve and contains a device for sounding an alarm when the system is in operation. This system is activated by heat from a fire and discharges water over the fire.

A sprinkler system must be properly maintained for efficient service. When the fire service system is interrupted to make sprinkler system connections, the authority having jurisdiction must be notified. During the interruption, emergency hose lines, additional fire pails and extinguishers must be provided in the areas affected. When changes involve shutting off water from any considerable number of sprinklers for more than a few hours, temporary water supply connections should be made so that reasonable protection can be maintained. In adding to or removing old systems, protection should be restored each night. The members of the staff as well as the local fire department should be notified as to the conditions.

Where a single automatic sprinkler is installed for protection of a small hazardous area such as closet used for combustible storage, each single sprinkler may be connected to the domestic water supply system. In areas where automatic sprinkler systems are required and where public water supplies are lacking, or are inadequate, a pressure tank shall be installed.

(ab) Smoke detection equipment. Any smoke detection equipment installed in a long-term care facility must be approved by the State Fire Marshal.

(xi) Smoking.

(aa) Smoking in bed shall not be permitted except at such time as supervision is provided.

(ab) Each facility must provide "No Smoking" signs for all hazardous areas.

(ac) All oxygen supplies shall be plainly indicated with smoking restriction signs. Smoking will be prohibited in all areas where flammable gases and/or oxygen are used or stored.

(xii) Heating.

(aa) All furnace rooms shall be supplied with outside air sufficient for proper combustion. Furnaces and other fire units shall be separated from combustible surfaces by the application of noncombustible materials.

(ab) Portable heaters shall not be utilized.

(ac) Unvented gas heaters and space heaters using room air for combustion shall not be permitted.

(xiii) Combustible contents.

(aa) All combustible decorative and acoustical material including textile floor coverings and curtains located in corridors, patient rooms, passageways or stairway enclosures and in lobbies or other rooms or space for use by occupants or visitors shall be rendered and maintained fire resistant.

(ab) Fiber base acoustical ceiling treatment or fiber base wall boards shall not be installed in any facility after the effective date of these rules.

(xiv) Maintenance and Storage.

(aa) Regular and proper maintenance of electrical service, heating plants, sprinkler systems, smoke detection systems, fire doors and exit facilities shall be required.

(ab) Storage of combustible materials such as papers, cartons, magazines, paints, sprays, old clothing, furniture and similar materials shall be allowed only in properly constructed, fire-resistive areas, properly vented and furnished with sprinkler heads, smoke detectors or fire extinguishers. This shall apply to both existing and new facilities.

(xv) Construction and Repair.

(aa) All construction, additions and alterations shall meet the fire safety requirements of these rules.

(ab) Any addition shall be separated from any existing nonconforming structure by a noncombustible fire partition having at least a two (2) hour fire resistance rating. Communicating openings in such dividing fire protection shall exist only in corridors and shall be protected by an approved self-closing fire door.

(ac) Any building converted for long-term care shall comply with all requirements for new facilities.

(ad) No building or addition under construction shall be occupied until all exit facilities are completed and approved for use.

(ae) No existing building shall be occupied during repairs or alterations unless all exits are maintained.

(af) No flammable or explosive substances or equivalent used in making repairs or alterations shall be stored in buildings of normally low or ordinary hazard classification.

(xvi) Evacuation Planning. An evacuation plan shall be conspicuously posted and practiced periodically. A record of both planned and unplanned drills shall be maintained in the home showing the manner in which employees will perform their duties in an emergency.

Life Safety Drill: The term "life safety drill" is used to avoid confusion between drills held for the purpose of rapid evacuation of buildings and drills of fire fighting practice.

In long-term care facilities where it is not feasible to involve the occupants in drills, the drills should be limited to regular employees who can be thoroughly schooled in the proper procedure and can be trained to properly direct the occupants of the building in the case of fire. Employees can and should be rehearsed in the proper procedure for all life safety drills. Drills should be carefully planned to simulate actual fire conditions and should be held at varying times and different routes of exit should be used.

Life safety drills should be designed to familiarize the occupants with all available means of exit, particularly emergency exits that are not habitually used during the normal occupancy of the building.

Attention is directed to the importance of having an adequate number of competent attendants on duty at all times. Every nursing home and every personal care home shall have at least one (1) attendant on duty who is awake and dressed at all times. In addition, there should be standby attendants within calling distance available for emergency service.

These attendants shall be at least twenty-one (21) years of age and capable of performing the required duties of evacuation. No person other than the management or a person under management control shall be considered as an attendant.

Every facility shall make arrangements for periodic visits to the home by the local fire department in order to familiarize the fire department with the location and layout of the building and its special problems. All facilities shall hold life safety drills at least three (3) times a year on each shift.

Effective administration should embrace as a minimum the following items:

(aa) The development among those responsible of a thorough understanding of the building's advantages and limitations as related to safety from fire.

(ab) The development and administration of an adequate fire plan to be used in the event of fire. It should include training of staff, periodic drills and continued evaluation and upgrading of the plan.

(ac) Routine testing and maintenance of all systems to insure continued good working order.

(ad) Adequate staffing at all times for fire emergencies.

(ae) Thorough housekeeping with particular attention to items that directly affect safety in the event of fire.

(af) Proper storage of all supplies and unused equipment so as not to create hazards or render fire alarms or extinguishing systems inoperable or inaccessible.

(ag) Preventing fire hazards and promoting safety to life by the establishment of rules for both staff and public in regard to smoking.

(ah) Establishing and maintaining close relationships with local fire fighting and control agencies so that they may be acquainted with the buildings, their content and the administrative procedures carried out to assist in preventing or fighting fires.

(ai) Proper patient control during simulated emergencies to prevent panic and consequent injury.

(aj) Full knowledge by staff of methods of evacuation of all patients, whether ambulatory, semi-ambulatory or bedfast.

(5) Extended Care Facilities. An Extended Care Facility is primarily engaged in furnishing regular medical services for skilled convalescent and/or rehabilitative care following transfer from a hospital after a period of acute illness.

A facility shall be deemed eligible for licensing as an Extended Care Facility if it is in substantial compliance with the Federal Conditions of Participation for Extended Care Facilities set forth in the Health Insurance for the Aged Program as were in effect on June 30, 1969, with the exception that a utilization review plan shall not be required. Certification under the Federal program is not a prerequisite to state licensing as an Extended Care Facility.

Nurse staffing shall be in accordance with the minimum staffing pattern in nursing homes as set forth in this rule with the provision that any licensed practical nurse serving as a charge nurse must be a graduate of a state approved school of practical nursing.

Licensing for the category, "Extended Care Facility," will be handled in the same manner as licensing in other long-term categories, i.e., licensing in this new category will be by application and inspection. Those operators wishing to have their present license changed or a new license issued as an Extended Care Facility should request an application for licensure from the Department in order to initiate this action.

Any facility having licensed extended care facility beds must be administered by a Montana licensed nursing home administrator.

(6) Nursing Homes. A nursing home is a facility in which nursing care and medical services are prescribed by or performed under the general direction of persons licensed to practice medicine or surgery in Montana, for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who do require skilled nursing care and related medical services. The term "nursing home" shall be restricted to those facilities, the purpose of which is to provide skilled nursing care and related medical services for a period of not less than twenty-four (24) hours per day to individuals admitted because of illness, disease, or physical or mental infirmity.

(a) Administration and Organization.

(i) The nursing home shall be organized under a governing authority which assumes full legal responsibility for the overall conduct of the facility and which is responsible for the compliance with applicable laws and regulations of legally authorized agencies. The governing authority may be a proprietorship, partnership, association, corporation or governmental unit.

(ii) The governing authority shall appoint a full-time administrator who is qualified by training and experience and delegate to him the internal operation of the facility in accordance with established policies.

(aa) The administrator shall be at least twenty-one (21) years old, capable of making mature judgments and have no physical or mental disabilities or personality disturbances which interfere with carrying out his responsibilities.

(ab) The administrator should have a minimum of a high school education, have completed courses in administration or management and have had at least one (1) year work experience in a health facility.

(ac) Any facility having licensed nursing home beds must be administered by a Montana licensed nursing home administrator.

(ad) The administrator's responsibilities for procurement and direction of competent personnel shall be defined by written policy.

(ae) An individual, competent and authorized to act in the absence of the administrator, is designated by the administrator.

(af) The administrator shall make available for inspection by the Board on request the quarterly report of paid employees as compiled for Social Security.

(ag) Persons under twenty-one (21) years of age shall not be left in responsible charge of the facility at any time.

(b) Personnel Policies and Records.

(i) There are written personnel policies, practices and procedures that adequately support sound patient care.

(aa) Each employee shall furnish acceptable evidence of freedom from active pulmonary tuberculosis at the time of employment and annually thereafter. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray. A pre-employment and annual complete physical examination is recommended.

(ab) Hours of work, vacation time, pay and allowances and duties of the employee shall be established.

(ac) Persons employed in the nursing home shall have sufficient experience and qualifications to perform the type of work for which they are employed.

(ad) All persons employed in the nursing home shall be of good physical and mental health, not habitual users of narcotics, drugs or alcohol.

(ae) No person with a communicable, contagious or infectious disease shall be employed in the nursing home.

(af) Any person showing signs of upper respiratory infection or other communicable, contagious or infectious disease shall be excluded from work until symptom free.

(ag) Any person having responsibility for the care of patients shall be mentally and physically capable and at least eighteen (18) years of age. The only exception to the age limitation shall be nursing aides sixteen (16) to eighteen (18) years of age if they work at all times under the direct supervision of a registered nurse or licensed practical nurse.

(ah) No person shall be assigned supervision of patient care who has been on duty either in the nursing home or at any other place of employment during the preceding eight (8) hours except in an emergency.

(ai) No employee shall resume work after using the toilet without first washing his hands with soap under hot and cold running water, and drying with an individual towel. Hand washing signs shall be posted in toilet rooms and lavatories used by employees. Dishwashing sinks shall not be used for handwashing purposes.

(ii) Personnel records shall contain the following information:

(aa) Name, current address and telephone number;

(ab) Social Security number;

(ac) Date of birth;

(ad) References;

(ae) Work experience;

(af) Qualifications and education. The records of all registered professional nurses or licensed practical nurses shall show the original license number. Date of expiration of current registration shall be included;

(ag) Results of any employment physical examination, including certification of freedom from active pulmonary tuberculosis;

(ah) Date of employment;

(ai) Position (type of work and hours on duty each day);

(aj) Date of termination of employment;

(ak) Reason for discharge or resignation.

(iii) Daily work schedules of employees shall be kept in writing for the previous three (3) month period showing the personnel on duty at any given time.

(iv) A record shall be kept of all accidents to employees sustained in the course of employment in accordance with the rules of the Industrial Accident Board.

(c) Admission, Transfer and Discharge.

(i) The administrator of the nursing home shall be responsible for exercising discretion in the type of patients admitted to the facility. He shall not accept patients for whom care cannot be provided in keeping with the patient's mental and physical condition.

(ii) Patients are admitted only on a physician's order which includes an admission diagnosis and orders for immediate care of the patient. A patient may be admitted on an emergency basis but must be under the immediate care of a physician.

(iii) Each patient admitted shall be under the continuing supervision of the physician of his choice or one selected by his sponsor. It shall be the duty of this physician to comply with the policies and procedures of the facility regarding admission, treatment, discharge, medical records, emergency care and such other matters as are necessary for achieving good patient care.

(iv) The attending physician shall record the results of a physical examination within forty-eight (48) hours of admission or of such examination performed not more than five (5) days prior to admission. If the patient is admitted directly from the hospital, the current hospital summary containing this information shall be considered acceptable. This shall include certification of freedom from active pulmonary tuberculosis at the time of admission and annually thereafter. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray. There shall be an admission evaluation which covers the patient's immediate and long-term needs, a plan of treatment, medications, restorative services, dental needs, diet and general plans for continuing care.

(v) Children under sixteen (16) years of age may be admitted to the nursing home if appropriate facilities and program are provided.

(vi) Patients with serious acute illnesses requiring the medical, surgical or nursing care of a general or special hospital shall not knowingly be admitted to the nursing home. Patients admitted with or acquiring such conditions after admission shall be transferred to the appropriate facility after consultation with the patient's physician.

(vii) No nursing home shall knowingly admit a person with a communicable disease. Provision shall be made for the isolation of cases of communicable disease contracted or diagnosed after admittance to the nursing home.

(viii) Maternity patients shall not be admitted to the nursing home.

(ix) No nursing home shall admit more patients than the number of beds stipulated on the license.

(x) The nursing home shall not refuse to discharge or transfer a patient when the physician, family, patient, or sponsor requests such discharge or transfer. The attending physician shall be consulted or notified in all cases of discharge or transfer. The physician shall sign the discharge order or a written release shall be obtained from the patient, family or sponsor.

(xi) The family or sponsor shall be notified promptly when the patient is moved from the nursing home.

(xii) The home shall have a signed agreement with each patient or his sponsor covering all necessary arrangements should it be necessary to transfer the patient in an emergency.

(xiii) All personal property belonging to a patient must be returned to him on transfer or discharge.

(xiv) If a patient becomes disturbed and unmanageable and does not respond within a period of time not to exceed five (5) days to treatment provided by the physician, appropriate steps shall be taken by the sponsor to remove the patient from the home to the proper facility. If this cannot be accomplished, necessary legal proceedings shall be initiated by the licensee for the removal of the patient from the home to the proper facility.

(d) Miscellaneous Policies.

(i) Visiting hours.

(aa) Nursing homes shall have convenient daily visiting hours during both day and evening. The hours shall be prominently posted in plain view of visitors.

(ab) Relatives shall be allowed to see terminal patients at any reasonable time.

(ac) Patients' spiritual advisors shall be permitted to visit. Privacy during these visits shall be the privilege of every patient.

(ad) Each patient shall be privileged to have privacy with his visitors, physician, and any agency representative who has responsibility for the patient's care.

(ii) Every facility shall have at least one (1) noncoin operated telephone accessible at all times in case of an emergency. Patients shall have access to a telephone at a convenient location within the building.

(iii) The individual in charge of the nursing home for each work shift shall have access to keys to all doors necessary to patient care and safety.

(iv) Smoking.

(aa) Patients shall not be permitted to smoke in bed unless a responsible individual is present.

(ab) Smoking is prohibited in all rooms where oxygen is stored or administered.

(v) Pets will be allowed only in recreational areas or in the patients' rooms and then only if restricted to a cage or a container.

(vi) Patients sharing a bedroom shall be of the same sex except in the case of a room occupied by a husband and wife.

(vii) Patients of one sex shall not pass through a bedroom occupied by a member of the opposite sex to reach a bathroom, living room, dining room, corridor or similar area.

(viii) There shall be a written agreement between the home and each patient or sponsor pertaining to cost of care, type of care, and services provided and means of notifying the responsible party of significant changes in a patient's condition.

(ix) Residents shall receive their mail unopened. Outgoing mail written by patients shall not be censored.

(x) A patient shall be permitted to leave the premises unless good cause can be shown for refusing such permission. The individual taking the patient from the premises shall assume full responsibility during their absence from the home.

(xi) Prompt investigation of the cause of any accident involving patients or employees shall be instituted by the administration. Corrective measures indicated shall be adopted. A careful record shall be kept of all accidents.

(xii) No part of a premise licensed as a nursing home shall be utilized for any purpose other than the operation of the home as defined by these rules.

(xiii) Failure to return valuables to a resident or his sponsor at the time of discharge, transfer, or death, or to refund the unused balance of a patient's personal account, or making purchase on his account without the patient's consent or that of his sponsor constitutes misappropriation of property.

(xiv) The home shall make adequate provisions for identification of patient's personal property and for safekeeping of valuables.

(e) Patient Care Policies.

(i) Nursing homes shall have written policies developed with the advice of the facility's professional staff.

(ii) Policies reflect awareness of and provision for meeting the total needs of patients. These written policies are reviewed at least annually and cover at least the following:

(aa) Admission, transfer and discharge policies including categories of patients accepted and not accepted by the nursing home:

(ab) Physician services;

(ac) Nursing services;

(ad) Dietary services;

(ae) Pharmaceutical services;

(af) Diagnostic services;

(ag) Dental services;

(ah) Social services if available;

(ai) Patient activities;

(aj) Clinical records.

(iii) It is desirable that the group of professional personnel responsible for patient care policies include social workers, dietitians, pharmacists, speech, physical and occupational therapists and mental health personnel. Pharmacy policies and procedures are preferably developed with the advice of a group of physicians and pharmacists serving as a pharmacy and therapeutics committee.

(iv) The nursing home has a physician or a registered professional nurse, or a medical staff responsible for the execution of patient care policies established by the professional group referred to in this rule.

(v) If the organized medical staff is responsible, an individual physician is designated to maintain compliance with overall patient care policies. If a registered professional nurse is responsible the facility makes available an advisory physician from whom she receives medical guidance.

(f) Physician Services.

(i) The nursing home shall have a written requirement that all patients in need of skilled nursing care be admitted only upon the recommendation of a physician licensed to practice medicine in the state. Health care of the patient shall continue under the supervision of a physician.

(ii) There shall be made available to the nursing home by the physician, prior to, or at the time of admission, current medical findings, diagnosis, rehabilitation potential and orders for the immediate care of the patient.

(aa) If the above information is not available at the time of admission, it shall be provided in writing within forth-eight (48) hours.

(ab) If medical orders for the immediate care of the patient are unobtainable at the time of admission, the physician with the responsibility for emergency care shall give temporary orders.

(ac) If the patient is admitted directly from the hospital, the current hospital discharge summary containing the above information shall be acceptable.

(iii) The nursing home shall have a written policy that the physician's orders must reflect a planned regimen of medical care indicating medications, treatments, restorative services, activity, diet, special procedures and plans for continuing care and discharge.

(iv) A physical examination shall be completed within forty-eight (48) hours of admission unless such examination was performed not more than five (5) days prior to admission. This must include a statement that the patient is free of active pulmonary tuberculosis. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray.

(v) Persons having inactive tuberculosis not considered infectious but who have been on tuberculosis drug therapy shall have such examinations every three (3) months until such time as the patient has received acceptable tuberculosis treatment by drug, surgery or sanitarium care for at least three (3) years.

(vi) Patient's total program of care shall be reviewed and revised at intervals appropriate to his needs.

(vii) Orders for medications and treatments shall be in effect for a specified number of days indicated by the physician but in no case shall exceed a period of thirty (30) days unless reordered in writing by the physician.

(viii) Telephone orders shall be accepted when necessary and then only by a registered nurse or licensed practical nurse. Telephone orders shall be immediately reduced to writing in the appropriate clinical records and signed by the nurse receiving them. Telephone orders shall be countersigned by the physician within forty-eight (48) hours.

(ix) The patient shall be seen by a physician when considered necessary by the registered nurse in charge. There shall be evidence in the clinical record of the physician's visits.

(x) The physician shall make arrangement for the medical care of the patient in his absence.

(xi) Each nursing home shall arrange to have one or more physicians available on an emergency basis in case the patient's physician cannot be reached. The emergency physician may also be the advisory physician.

(xii) Immediate notification to the physician shall be given regarding any patient who has sustained an injury while he is in the facility. Extent of the injury and subsequent treatment shall be recorded on the patient's chart. The person or agency placing such patient in the nursing home shall be notified according to the policy of the facility.

(xiii) There shall be strict compliance with the rules for reportable diseases of the Board. Communicable disease reports must be made in accordance with Montana law upon forms supplied by the Department.

(g) Director of Nursing Service.

(i) Each home shall have a nurse registered in the state responsible for supervision of patient care who works full time during the day and devotes at least forty (40) hours per calendar week to the facility. In a home with more than twenty (20) beds, the R.N. shall devote full time to nursing service. The R.N. in charge shall designate one registered nurse or licensed practical nurse to act in her absence. If the required staffing pattern calls for more than one registered nurse employed full time, it must be an R.N. who relieves in this position.

(ii) The nurse in charge should be delegated the responsibility by the administrator to provide, direct and supervise nursing care by:

(aa) Developing and/or maintaining nursing service objectives, policies, standards of practice, procedure manuals and written job descriptions for each level of nursing personnel.

(ab) Recommending to the administrator the staffing pattern for nursing service, participating in recruitment and selection of personnel, and recommending termination of employment when necessary.

(ac) Assigning and supervising all levels of nursing personnel in the performance of their duties.

(ad) Participating in budget planning.

(ae) Participating in the development and implementation of patient care policies and bringing patient care problems requiring changes in policy to the attention of the administrator and the professional policy advisory group.

(af) Coordinating nursing services with other patient care services.

(ag) Assuming responsibility for carrying out doctor's orders.

(ah) Planning and conducting orientation programs and continuing inservice education for nursing personnel as a prerequisite to good patient care. The inservice program should include philosophy and techniques of rehabilitation. There should be a positive effort to utilize official state or local agency resources for instruction when available. Administration should arrange for the staff to utilize workshops or conferences as offered by other groups.

(ai) Participating in the selection of prospective patients in terms of nursing services they require and nursing competencies and facilities available.

(aj) Assuring that a nursing care plan is established for each patient, and that this plan is reviewed and modified as necessary and is available to all nursing personnel.

(h) Charge Nurse. There shall be at least one (1) registered or one (1) licensed practical nurse on duty at all times and in charge of the nursing activities during each tour of duty. The charge nurse is responsible to the director of nursing for the total nursing care of patients during her tour of duty. The charge nurse should have the ability to recognize significant changes in the condition of patients and to take appropriate action.

(i) General Nursing Staff.

(i) Nursing personnel include registered nurses, licensed practical nurses, aides and orderlies.

(ii) There shall be provided twenty-four (24) hour nursing service with a sufficient number of nursing personnel on duty at all times qualified to meet the total nursing needs of all patients.

(iii) Separate buildings, or cottages, on the same grounds used by the same facility will not be licensed in this classification unless adequate personnel are available at all times in these separate buildings and/or cottages in order to assure proper care of the patients.

(j) Minimum Staffing Pattern in Nursing Home for Each Twenty-Four (24) Hour Period.

In Terms Of Hours Of Service Furnished By Each Category Of Personnel

	DAY			EVENINGS			NIGHTS		
No. of Beds Licensed	R.N.* Hours	L.P.N. Hours	Aide** Hours	R.N. Hours	L.P.N. Hours	Aide** Hours	R.N. Hours	L.P.N. Hours	Aide** Hours
4-8	8	0	0	0	8	0	0	8	0
9-15	8	0	4	0	8	0	0	8	0
16-20	8	0	8	0	8	4	0	8	0
21-25	8	0	12	0	8	8	0	8	4
26-30	8	0	16	0	8	8	0	8	8
31-35	8	0	20	0	8	12	0	8	8
36-40	8	0	24	0	8	16	0	8	8
41-45***	8	8	28	0	8	16	0	8	12
46-50	8	8	32	0	8	20	0	8	16
51-55	8	8	36	8	0	24	0	8	16
56-60	8	8	40	8	0	24	0	8	16
61-65	8	8	44	8	0	28	0	8	20
66-70	8	8	48	8	0	32	0	8	24
71-75	8	8	52	8	0	32	8	0	24
76-80	8	16	48	8	8	32	8	0	24
81-85	8	16	52	8	8	32	8	8	20
86-90	8	16	56	8	8	32	8	8	24
91-95	16	16	52	8	8	36	8	8	24
96-100	16	16	56	8	8	40	8	8	24

Staffing of homes with more than 100 beds will be given individual consideration.

*See following page.

*The two relief shifts could be provided by an L.P.N. up to 40 beds.

**The term "aide" includes orderlies.

***In a home of 41 beds or more, one R.N. in this pattern is to be the full-time director of nursing service.

This is an absolute minimum staffing pattern below which an acceptable level of care and safety cannot be maintained. Even with this staffing it would be difficult. Therefore, it is recommended that the quantity and quality of staffing should be determined by the administrator in consultation with his director of nursing. This decision should be based on the nursing needs of the patients and should reflect the current concepts of restorative and geriatric care.

(k) Nursing Care.

(i) The written patient care policies of the home shall reflect the following:

(aa) Kind, considerate care and treatment for the patients at all times. Every patient shall receive nursing care and supervision based on individual needs. Evidence of good physical care shall include: clean skin free from decubiti; clean mouth, teeth and dentures; absence of dried, cracked lips; clean, trimmed finger and toe nails; clean, well-groomed hair; freedom from offensive odors; clean-shaven face; protection from and prevention of accident and injury.

(ab) Bathing: As often as indicated, at least once weekly for ambulatory patients and twice weekly for bed patients. Nursing personnel shall assist in the bathing of patients who cannot bathe themselves. Patient privacy shall be insured during the bath.

(ac) Incontinence: Each patient shall have a partial bath and clean linens each time the bed or clothing is soiled. Rubber, plastic or other types of linen or clothing protectors shall be properly cleaned and completely covered to prevent direct contact with the patient. Newspapers are not acceptable for this purpose. Special attention shall be given to the skin to prevent irritations, rashes or ulcerations.

(ii) The nursing home is responsible for making every reasonable effort to restore the patient to the maximum degree of independence and self-help. There shall be a continuing program in effect to encourage ambulation and aid in adjustments to daily living. Personnel shall be adequately trained to assist patients toward self-help in activities of daily living, maintenance or range of motion, prevention or reduction of incontinence, proper chair and bed positioning to prevent or reduce physical disabilities.

(iii) Each patient shall have a clean room, bed, bed linen and clothing. Every patient shall be encouraged to be dressed daily. Clothing and bedding shall be changed immediately if soiled and kept clean and free of odors. Soiled linen and clothing shall be removed immediately from the patient areas. Rubber and plastic sheets shall be cleaned often to prevent offensive odors. All utensils used in the personal care of the patient shall be kept clean and odor free.

(iv) The maximum physical, emotional and social well-being of each patient shall be maintained.

(v) Medications and treatments shall be given only on order of a physician. They shall be administered in accordance with the Nurse Practice Act of this state, using acceptable nursing techniques to safeguard the patient, minimize discomfort and attain the physician's objectives.

(vi) If the patient is bedfast, his position shall be changed as often as necessary and at least every two (2) hours, day and night to maintain comfort and proper body alignment and to insure good skin condition.

(vii) Adequate equipment and supplies for first aid and emergency treatment shall be readily available at all times.

(viii) Nursing personnel shall insure that each patient is served his diet as prescribed and shall observe the food and fluid intake and output. Deviations from normal are reported to the charge nurse. Persistant unresolved problems are reported to the physician. Patients needing help in eating shall be assisted promptly upon delivery of meals. Adaptive self-help devices shall be provided when indicated to assist patients to independence in eating.

(ix) Oxygen shall be available for emergency use and shall be administered only under the supervision of properly-trained personnel. When used in an emergency, a doctor's order shall be obtained as soon as possible.

(x) Intravenous medications or infusions shall be administered only by licensed physicians or registered nurses in accordance with the Medical and Nurse Practice Acts of this state. Once begun, the intravenous infusion shall be continued only under the supervision of a registered nurse.

(xi) There shall be established written procedures to be followed in an emergency which cover immediate care of the patient, persons to be notified and reports to be prepared.

(xii) There shall be a written procedure manual and written patient care policy manual available at each nursing station. The policies shall establish the guidelines within which patient care is conducted. The procedures shall establish standards of performance for safe, effective nursing care. Both the policies and procedures shall be reviewed at least annually and revised as necessary.

(xiii) The terminal patient should be in a room by himself. If this is impossible, he shall be well shielded from the other patients.

(xiv) Physical restraints shall not be used except when necessary to prevent injury to the patient or others and when alternative methods are not sufficient to accomplish this purpose. If a patient becomes so disturbed as to become a menace to himself or others, restraint may be applied by the nurse in charge. The physician shall be notified immediately. Except in an emergency no patient shall be restrained except on written order of a physician.

(xv) No form of restraint may be used or applied in such a manner as to cause injury to the patient.

(xvi) Careful consideration shall be given to the methods by which the restraint can be speedily removed in case of fire or other emergency.

(xvii) No patient shall be locked in his room except as specified in this rule and MAC 16-2.22(2)-S2260.

(xviii) Unless specifically ordered to the contrary by the physician, patients in restraints shall have the restraint removed and their position changed every two (2) hours day and night to insure their comfort and maintain good skin condition.

(l) Drug Services.

(i) General Policies.

(aa) Nursing homes shall provide appropriate methods and procedures for obtaining, dispensing, and administering drugs and biologicals developed with the assistance of a consultant pharmacist or a pharmacy and therapeutics committee which includes one (1) or more pharmacists.

If the nursing home has a pharmacy, a licensed pharmacist shall be employed to administer the pharmacy department.

If the facility has no pharmacy, provisions shall be made for promptly and conveniently obtaining all required drugs and biologicals from certified pharmacies.

All drug orders must be compounded, dispensed or filled in a licensed pharmacy by a licensed pharmacist upon a prescription specifically written by the physician or dentist for the patient to whom the drugs are being administered. No drugs shall be administered except by duly licensed personnel and only upon written orders of the duly qualified and duly authorized physician or dentist.

(ab) An emergency medication kit approved by the professional staff shall be kept readily available. Appropriate policies governing its maintenance and use shall be established in writing.

(ii) Conformance with Physician's Orders.

(aa) All medications administered shall be ordered in writing by the patient's physician.

(ab) Verbal orders are given only to a registered nurse or a licensed practical nurse. These are immediately reduced to writing and signed by the nurse. Verbal orders shall be countersigned by the physician within forty-eight (48) hours.

(ac) All medications not specifically limited as to time or number of doses when ordered are automatically stopped in accordance with written policies approved by the physician or physicians responsible for advising the facility on its medical administrative policies.

(ad) The patient's attending physician is notified of stop order policies and contacted promptly for renewal of orders so that continuity of the patient's therapeutic regimen is not interrupted.

(ae) The charge nurse and prescribing physician together review each patient's medications at least every thirty (30) days.

(af) Medications not obtained by prescription shall be released to patients on discharge only on the written authorization of the physician.

(iii) Administration of Medications.

(aa) All medications are administered by licensed medical or nursing personnel in accordance with the Medical and Nurse Practice Acts of this state. Each dose administered is properly recorded on the clinical records.

(ab) In administering medications, approved systems are used and checked against the physician's orders.

(ac) One (1) person shall carry out the complete medication procedure for any given dose of medication, including pouring the medicine, administering it to the patient, and charting the dose on the patient's chart. When indicated, the patient's response to a medication shall be charted.

(ad) Special care shall be taken in identifying the patient for whom the medication has been ordered.

(ae) Care shall be taken to verify that the patient has actually ingested the medicine.

(af) Medications prescribed for one patient shall not be administered to any other patient.

(ag) Self-administration of medications by patients is not permitted except for emergency drugs on special order of the physician or in a predischarge program under the supervision of a licensed nurse.

(ah) Medication errors and unusual drug reactions are immediately reported to the patient's physician and entry thereof made in the patient's clinical record as well as on an incident report.

(ai) Current medication reference texts are provided at each nurses' station.

(iv) Care of General Medications.

(aa) Each administrator shall provide, within the facility, a cabinet for individual prescriptions. Such cabinet shall be of sufficient size, adequately lighted, and easily accessible. It shall be locked when not in use. The key for the lock of this cabinet shall be carried by or be accessible to only licensed nursing personnel. Any nursing home licensed after the adoption of these rules shall provide a drug storage and dispensing area at the nurses' station.

(ab) Internal and external medications shall be kept in separate areas in the medicine cabinet or in separate locked cabinets. Poisons, chemicals or drugs or preparations limited to external application shall be properly labeled "For External Use Only." Poisons or chemicals which are not for use in treatment of human illnesses shall not be stored in the same room as drugs.

(ac) All bleaches, detergents, and disinfectants shall be kept separate from medicines, drugs and foods.

(ad) All poisons, toxic, dangerous and habit-forming drugs shall be maintained apart from other medical preparations and are to be secured by a double lock.

(ae) Biologicals, insulin and other medications requiring cold storage shall be refrigerated. A covered container in the refrigerator is considered satisfactory storage space if temperature is maintained at forty to fifty degrees Fahrenheit (40° to 50° F.).

(af) No stock supply of legend drugs (narcotics, sedatives, dangerous, toxic or habit-forming drugs) shall be kept on the premises unless the facility employs a Montana licensed pharmacist.

(ag) All medications shall be kept in their original containers unless transfer of the medication is done by or under the supervision of a pharmacist. All pharmaceutical containers having soiled or otherwise damaged or illegible labels shall be returned to the pharmacy for relabeling.

(ah) The label on any drug available for administration to patients in the nursing home shall fully comply with the requirements of federal and state statutes and rules of the Board of Pharmacy. Each patient's medication container shall be clearly and adequately labeled and shall include:

Complete name of patient;
Name of prescribing physician;
Quantity of medication dispensed;
Directions for administration;
Prescription number and date of issue;
Expiration date of drug (if any);
Pharmacy's name and address;
When dilution is required prior to administration, it shall be boldly indicated;
Proper accessory labels shall be affixed when applicable.

(ai) Pharmacist shall visit all areas of the facility where medications are kept at least on a monthly basis to determine that drug handling procedures are in compliance with established drug policies.

(aj) The nursing station has readily available the necessary items for the proper administration of medications. If disposable items are not used, proper sterilization is mandatory after each use.

(ak) All prescribed medicines are the property of the patient. Unused, outdated and discontinued medications should be destroyed on advice of the attending physician. Any remaining medications shall be reviewed by the physician prior to discharge. After discharge and in the case of death, unused medications shall not be retained in the home or given to any other resident. All unused portions of the patient's prescription shall be immediately destroyed by the administrator or his agent. An appropriate notation of disposition giving quantity, description of drug and prescription number shall be noted on the patient's record and signed by the person disposing of the medication. Exception: Narcotics are to be disposed of in accordance with this rule, Subsection (v).

(v) Narcotics and Narcotic Records.

(aa) All nursing home facilities shall comply with state and federal regulations governing narcotics and other dangerous, poisonous or habit-forming drugs. In those instances where a stock supply of narcotics is maintained there shall be a narcotic record book which shall be a bound notebook in which is recorded the name of the patient receiving the narcotic (or the exempt narcotic), the date, time, kind, dosage and method of administration of all narcotics, the name of the physician who prescribed the medication and the signature of the nurse who administered it. In addition, there shall be a recorded and signed narcotic count conducted in accordance with the Federal and State Narcotics Law and related rules. Each time a narcotic is given, a notation shall also be made on the patient's clinical record.

(ab) All narcotics shall be placed under a double lock. This may be accomplished by maintaining a separate locked box, cabinet or drawer within the locked medication cabinet. If a locked box is used, it should be bolted or permanently attached within the cabinet. The key to the narcotic container shall be carried by the person duly authorized to give medications.

(ac) All narcotics no longer required or left over after the discharge or death of a patient shall be returned to the dispenser or to the Bureau of Narcotics. (Reference: United States Treasury Department Joint Regulations of the Bureau of Narcotics and Internal Revenue Service, Regulation No. 5, Revised October, 1964, page 48.) They are to be forwarded as follows:

Send the narcotic by prepaid express to the following address:

District Supervisor
Bureau of Narcotics
311 United States Courthouse
Seattle, Washington 98104

Enclose in the package an inventory of its contents.

Receipts will be furnished by the Bureau of Narcotics and should be kept on file.

(ad) The term narcotic drugs shall mean coca leaves, opium, cannabis, marijuana, Indian hemp, isonipecaine, amidone, isoamidone, ketobemidone and every substance neither chemically nor physically distinguishable from them; and other drugs to which the federal narcotic laws may now apply; and any drug found by the Board, after reasonable notice and opportunity for hearing to have an addiction forming or addiction sustaining liability similar to morphine or cocaine, from the effective date of determination of such findings by said Board.

(ae) Individual prescriptions of the above narcotics as well as exempt narcotics should be labeled by name as well as by prescription number. Montana pharmacies may be so instructed by the Board of Pharmacy unless the prescribing physician otherwise directs.

(af) If there is a loss or wastage from an individual narcotic prescription, a notation to the effect should be made in the nursing notes and signed by the person responsible. Any loss or wastage of a stock narcotic will be recorded in the narcotic record book.

(ag) An accurate and adequate record shall be kept of all narcotic medications given to a patient. This shall be recorded on the patient's clinical record at the time given and shall state the narcotic given, the time, date, dosage, method of administration and the full name of the person preparing and administering the narcotic.

(ah) All depressant, stimulant, hallucinogenic and habit-forming drugs shall have the prescription number and quantity received entered on the nursing record each time a new prescription is received. When such medications are destroyed, an entry shall be made on the patient's chart recording the date, the name and/or the prescription number of the drug, the quantity and the signature of the nurse or the administrator destroying the medication.

(vi) Narcotic Information. Any information regarding narcotic regulations may be obtained by writing to:

(aa) Bureau of Narcotics
633 Indiana Avenue Northwest
Washington, D. C. 20226

(ab) Bureau of Narcotics
311 U. S. Courthouse
Seattle, Washington 98104

(m) Records--General Requirements.

(i) In the event of change in the management of the nursing home, all patient records and registries shall remain the property of the facility. These shall be kept in the home at all times and be available to the staff.

(ii) All clinical records including nurses notes shall be retained for five (5) years after the last discharge date or until age twenty-six (26) of the patient, whichever is longer. In the event of death, records shall be kept for five (5) years after proof of death.

(iii) Prior to destroying any record, a summary card must be prepared containing the name of the patient; age; date of birth, admission, and discharge; diagnosis; name of attending physician and next of kin or sponsor. Such summary card shall be a permanent record of the facility.

(iv) Provision shall be made for the safe storage of all records required by these rules. They shall be filed and indexed according to approved methods. All records shall be checked for completeness prior to filing.

(v) All reports and records shall be available to authorized persons of the Department having legal responsibility pertaining to the licensing of nursing homes.

(n) Reports.

(i) An annual report shall be submitted for the preceding calendar year operation not later than February 1 on forms provided by the Department.

(ii) If the facility ceases operation prior to the expiration date of the license, the annual report form shall be completed for the period of operation and submitted to the Department. The license shall be returned to the Department for cancellation.

(iii) There shall be strict compliance with the rules for reportable diseases of the Department. Communicable disease reports must be made in accordance with Montana law upon forms supplied by the Department.

(o) Clinical Records.

(i) The nursing home shall maintain a separate clinical record for each patient admitted with all entries kept current, dated and signed. The records shall include:

(aa) Identification and summary sheet, including patient's name, Social Security number, marital status, age, sex, home address and religion; names, addresses and telephone numbers of referral agencies, personal physician, dentist and next of kin or other responsible person; admitting diagnosis and final diagnosis.

(ab) Initial medical evaluation, diagnosis and estimation of restorative potential. Certification by a physician of freedom from active pulmonary tuberculosis must be included.

(ac) Physician's orders, including all medications, treatments, diets, activity, restorative and special medical procedures required for the safety and well being of the patient.

(ad) Physician's progress notes describing the patient's condition written at the time of each visit.

(ae) Nurses' notes: A record shall be kept for each patient by the nursing staff. The record shall include the following information:

Description of any untoward response or unusual reaction to a medication.

Date, time and description of all treatments and dressings and signature of person performing these services.

Date and time of physician's visit.

Record of all factors pertaining to the patient's condition, including activity and all nursing care given.

Record of all accidents to the patient.

Date and time of admission, discharge, transfer and/or death.

(af) Medication and treatment records including all medications, treatments and special procedures performed. The medication record shall include date, time, dosage and name of each medication administered to a patient. Each entry shall be signed by the person administering the dose. This record may be kept on a separate sheet or incorporated into the nurses' notes.

(ag) Laboratory and X-ray reports.

(ah) Consultation reports when applicable.

(ai) Dental reports when applicable.

(aj) Social service notes when applicable.

(ak) Patient care referral reports are recommended.

(ii) The nursing home shall also maintain the following additional records:

(aa) In the case of death, a report which shall be completed on the patient's medical record and should include the following: date and time of death, immediate cause of death, physician's signature, name and address of next of kin or sponsor notified of death, signature of mortician removing the body.

(iii) All information contained in the clinical records is confidential and is available only to authorized persons.

(iv) If the nursing home does not have a full or part-time medical record librarian, an employee of the facility shall be assigned the responsibility for assuring that the records are properly maintained, completed and preserved. The designated individual should be trained by and receive regular consultation from a person skilled in record maintenance and preservation.

(p) Diagnostic and Dental Services.

(i) The nursing home shall have provision for promptly and conveniently obtaining the required clinical laboratory, X-ray and other diagnostic services from a physician's office, hospital laboratory or independent laboratory.

(ii) All diagnostic services shall be provided only on the order of the physician.

(iii) The physician shall be notified promptly of results of diagnostic procedures.

(iv) Arrangements shall be made for the transportation of patients when necessary to and from the source of service.

(v) Simple tests such as those customarily done by nursing personnel for diabetic patients may be done at the facility.

(vi) All reports should be included in the clinical record.

(vii) The nursing home shall assist patients in obtaining regular or emergency dental care.

(aa) The function of an advisory dentist is to provide consultation, participate in inservice education, recommend policies concerning oral hygiene and be available in case of emergency.

(ab) The nursing home shall arrange for the patient to be transported to the dentist's office when necessary.

(ac) Nursing personnel shall assist the patient in carrying out the dentist's recommendations.

(g) Restorative Services, Social Services, Patient Activities and Religious Services.

(i) Restorative Services. Restorative services are considered to be important in the overall care of the nursing home patient and should be provided. When such services are provided, they shall be under medical direction and these standards shall apply.

(aa) Restorative services, including modalities to be used, frequency and anticipated goals shall be prescribed by the physician and carried out under medical direction.

(ab) At a minimum, restorative nursing care designed to maintain function or improve patient's ability to carry out the activities of daily living shall be provided by the nursing home.

(ac) When the nursing home provides restorative services beyond restorative nursing care, whether directly or through cooperative arrangements with the appropriate agencies such as hospitals, rehabilitation centers, state or local health departments or independently practicing therapists, these services shall be supervised by qualified therapists.

(ad) Other personnel providing restorative services shall be specially trained and shall work under professional supervision in accordance with accepted professional practices.

(ae) Commonly used ambulation and therapeutic equipment necessary for the services offered shall be available for use in the nursing home. Recommended ambulation equipment shall include such items as parallel bars, handrails, wheelchairs, walkers, walkerettes, crutches and canes.

(ii) Social Services. Services shall be provided to meet the medically related social needs of the patient.

(iii) Patient Activities. Purposeful activities suited to the needs and interests of patients should be provided as an important adjunct to the active treatment program and to encourage restoration to self-care and resumption of normal activities.

(aa) An individual should be designated as being in charge of patient activities. This individual should have experience and/or training in directing group activities or should have available consultation from a qualified recreational therapist or group activity leader.

(ab) Community, social and recreational facilities should be utilized to the fullest possible extent.

(ac) Patients should be encouraged, but not forced, to participate in such activities. Suitable activities should be provided for patients unable to leave their rooms.

(ad) The nursing home should make available a variety of supplies and equipment adequate to satisfy the individual interests of patients. Examples of such supplies and equipment are books and magazines, daily newspapers, games, stationery, radio and television, etc.

(iv) Religious Activities.

(aa) Adequate provision should be made for residents to attend church services when permitted to do so by their physician.

(ab) Arrangements should be made for the services of members of the clergy for those unable to leave the home. Pressure shall not be placed on residents who do not wish to take part in religious activities.

(r) Nutritional Requirements.

(i) Food served meets the nutritional needs of the patients in accordance with physicians' orders and to the extent medically possible meets the dietary recommendations of the Food and Nutrition Board of the National Research Council adjusted for age, sex and activity. The following daily guide is based on these allowances:

(aa) Milk--two (2) or more cups served as beverage or used in cooking.

(ab) Meat group--two (2) or more servings meat, fish, poultry, eggs, cheese, with dry beans, peas, nuts as alternates.

(ac) Vegetable and fruit group--four (4) or more servings:

A citrus fruit or other fruit and vegetable important for vitamin C.

A dark green or deep yellow vegetable for vitamin A, at least every other day.

Other vegetables and fruits including potatoes.

(ad) Bread and cereal group--four (4) or more servings of whole grain, enriched or restored.

(ae) Other foods to round out meals and snacks to satisfy individual appetites and provide additional calories.

(ii) All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption.

(iii) At least three (3) meals are served daily, at regular times with not more than a fourteen (14) hour span between a nutritious evening meal and breakfast.

(iv) If a four (4) or five (5) meal plan is in effect, the nutritional value provided is equivalent to the guide described.

(v) Therapeutic diets are prepared and served as prescribed by the attending physician under the supervision or consultation of a qualified dietitian.

(vi) A current diet manual shall be available to food service and other personnel concerned.

(vii) Personnel responsible for therapeutic diets should have received instruction in food values adequate to make appropriate substitutions when necessary.

(s) Food Service.

(i) Menus are written at least one (1) week in advance. The current menu is in one (1) or more accessible places in the dietary department for easy use by persons purchasing, preparing and serving food.

(ii) Records of menus as served are filed and maintained for thirty (30) days and may be reviewed by authorized persons.

(iii) Supplies of staple foods for a minimum of a one (1) week period and of perishable foods for a minimum of a two (2) day period are maintained on the premises.

(iv) Methods of food preparation used conserve nutritive value, flavor and appearance.

(v) A file of tested recipes adjusted to appropriate yield is maintained.

(vi) Food is cut, chopped or ground to meet individual needs.

(vii) Effective procedures are established to provide and maintain food at proper serving temperatures.

(viii) Table service is provided for all who can and will eat at a table. Tables should be of proper design to accommodate wheelchair patients.

(ix) Table and tray service shall be attractive with plastic or china dishes or sectioned plastic trays free of cracks, chips and stains.

(t) Maintenance. Every facility shall have an effective maintenance program and necessary staff to:

(i) Keep the building in good repair and free of hazards such as cracks in floors, walls or ceilings, warped or loose boards, broken, loose or cracked floor coverings, loose handrails or railings, loose or broken windowpanes, and similar hazards.

(ii) Keep all electrical, mechanical, water supply, fire protection and sewage disposal systems in a safe, functioning condition. Electrical cords, outlets, switches and appliances shall be maintained in a safe condition.

(iii) Keep all plumbing fixtures in good repair, properly functioning and provided with protections to prevent contamination from entering the water supply.

(iv) Inspect the heating system regularly and make all necessary repairs to maintain it in a safe, functioning condition.

(v) Maintain interior and exterior of the building as needed to keep it reasonably attractive. Loose, cracked or peeling wallpaper or paint shall be promptly replaced or repaired to provide a satisfactory finish.

(vi) Keep all furniture and furnishings attractive and in good repair.

(vii) Keep the grounds and other buildings in a safe, sanitary and presentable condition. Grounds shall be kept free of insect and rodent breeding areas.

(u) Housekeeping. Every home shall have an effective housekeeping program and necessary staff to:

(i) Maintain the building in a clean, safe and orderly condition using accepted practices and procedures.

(ii) Keep all rooms and corridors clean and arranged in an orderly fashion. This includes food preparation, storage and serving areas.

(iii) Keep floors clean, slip proof, free from throw or scatter rugs and other tripping hazards.

(iv) Control odors by cleanliness and proper ventilation. Deodrants shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.

(v) Keep storage areas, attics, basements and similar areas free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment and similar items.

(vi) Keep the home free of unnecessary accumulations of equipment and supplies, including possessions of patients and staff.

(vii) Prohibit use of bathtubs, shower stalls or lavatories for laundering, janitorial or storage purposes.

(viii) Keep equipment such as bedpans and urinals off the floor.

(v) Sanitation.

(i) Food Handling Sanitation.

(aa) Every facility shall substantially comply with the Regulation for Food Service Establishments of the Division of Environmental Sanitation as adopted January 1, 1966, by the Board.

(ab) All food, while being stored, prepared, displayed, served or transported, shall be protected against contamination from dust, flies, rodents and other vermin. It shall be protected from unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage.

(ac) Food handling personnel shall be trained in basic food sanitation techniques.

(ad) Clothing worn shall be clean and easily washable. To cover hair completely, hair nets must be worn by women, paper or cloth caps by men.

(ae) Anyone showing evidence of an infection shall be excluded from duty.

(af) Adequate handwashing facilities including hot and cold water, dispensable soap and individual paper towels shall be provided within the kitchen area.

(ag) There shall be an adequate supply of dishes, glassware and silverware of a satisfactory type to serve all patients in the home one (1) meal.

(ah) All perishable food shall be stored at safe temperatures (forty-five degrees Fahrenheit (45° F.) or below). Cooked foods being held for serving later shall be maintained at a temperature of one hundred forty degrees Fahrenheit (140° F.) or higher. These temperatures will be maintained except during necessary period of preparation and service.

(ai) All staple foods shall be stored on racks or shelves off the floor in a ventilated room and protected from contamination.

(aj) All garbage not mechanically disposed of shall be kept in suitable containers pending removal. All cans, trash and other waste materials shall be stored in a covered container. The garbage and trash shall be removed from the premises as frequently as necessary to prevent nuisance and unsightliness.

(ak) Effective procedures for cleaning all equipment and work areas shall be followed consistently.

(al) A three (3) compartment sink shall be provided and used for manual washing and sanitizing of kitchen equipment and utensils.

(am) All tableware washed by spray-type dish machine shall be washed with water at a temperature of one hundred forty degrees Fahrenheit to one hundred sixty degrees Fahrenheit (140° F. - 160° F.) and rinsed by clean water of at least one hundred eighty degrees Fahrenheit (180° F.).

(an) All tableware shall be allowed to air dry. No drying cloths shall be used.

(ao) All dishes, silverware and cooking utensils shall be stored above the floor in a clean, dry place protected from flies, splash, dust and other contaminants.

(ap) The kitchen shall be located so it will not be used as a passageway by patients or nonfood handling staff.

(aq) Space in the kitchen shall not be used for serving meals to either patients or staff, including food service staff.

(ar) None of the operations connected with food preparation shall be conducted in a room used for living, sleeping or laundry purposes.

(as) The use of tobacco shall be prohibited in food preparation areas.

(at) All poisonous compounds shall be used with extreme caution and compounds harmless to humans should be substituted whenever possible. Poisonous compounds shall not be stored in food preparation areas.

(ii) Laundry Service.

(aa) Unless a commerical laundry service is used, clean and soiled laundry operations shall be functionally separate in an adequately equipped laundry area.

(ab) The minimum temperature of water used in the laundry shall be one hundred eighty degrees Fahrenheit (180° F.).

(ac) Linen shall be dried in equipment which utilizes a high drying temperature.

(ad) Storage of soiled linen should be arranged to prevent odors in the home. Suitable containers shall be provided for all soiled linen. Bagging is recommended.

(iii) Garbage Disposal.

(aa) All garbage shall be stored and disposed of in a manner that will not permit the transmission of contagious disease, create a nuisance, or provide a breeding place for flies.

(ab) All containers for garbage shall be watertight, have tight-fitting covers and be rodent proof. Containers shall be thoroughly scrubbed.

(w) Water Supply and Sewerage Disposal.

(i) Water Supply.

(aa) The home shall be served by water from a public water supply when available.

(ab) If a public water supply is not available, a private water supply may be utilized, if approved by the Department.

(ac) The water supply shall be adequate in quantity and quality and delivered under sufficient pressure. The water supply shall be in accordance with the Sanitary Code of the Department.

(ad) Plans for any private water supply must be reviewed and approved by the Department before construction is started.

(ii) Sewerage System.

(aa) All sewage and liquid waste shall be disposed of in the public sewerage system, when available.

(ab) If a public sewerage system is not available, sewerage and liquid waste shall be collected, treated and disposed of in private treatment facilities, the construction, maintenance and operation of which must be approved by the Department.

(ac) Plans for any proposed disposal system must be approved by the Department before construction is started.

(x) Furnishings, Equipment and Supplies.

(i) Furnishings.

(aa) Living rooms for patient use shall be provided with a sufficient number of reading lamps, tables, chairs, and sofas of satisfactory design.

(ab) Each bed provided shall be of a hospital type with casters. It shall have satisfactory springs in good repair and a clean, firm, comfortable mattress standard in size for the bed. Each bed shall have at least one comfortable pillow. There shall be additional pillows available in the facility to serve all needs.

(ac) Mattresses and pillows shall be kept clean, dry and in good repair.

(ad) Each patient shall have a bedside table or its equivalent with a drawer and a washable top. There shall be a sufficient number of overbed tables to accommodate all bedfast patients.

(ae) There shall be an individual towel rack.

(af) A comfortable chair shall be provided for each patient within his room.

(ag) Each patient shall be provided with adequate private drawer and wardrobe or closet space within the room for clothing.

(ah) There shall be proper storage in the room for bedpans, urinals and washbasins.

(ai) A satisfactory reading lamp or equivalent shall be provided for each patient.

(aj) Each bedroom shall have a mirror.

(ak) Each bedroom shall have clean, flame-resistant window shades or equivalent in good repair.

(al) Dining room furnishings shall be well constructed and of satisfactory design. Tables shall be of a type that can be used by wheelchair patients.

(ii) Equipment and Supplies.

(aa) A call system shall be provided within easy reach of each patient bed.

(ab) There shall be wheelchairs, metal bedside rails, footstools, commodes, foot cradles, footboards, under-the-mattress bedboards, trapeze bars and additional similar equipment in sufficient numbers for the proper care of patients.

(ac) There shall be flame-resistant cubicle curtains in each multiple-bed room to insure privacy for patients.

(ad) There shall be a sufficient quantity of nursing care equipment properly maintained to care for patient needs.

(ae) Sterilizing equipment of sufficient size shall be provided.

(af) Linen:

There shall be an adequate supply of linen and other bedding.

A moisture-proof mattress cover and a mattress pad shall be provided for all beds.

A supply of sheets and pillow cases shall be available so that changes may be made as often as necessary to keep beds clean, dry and free of odors. At least two (2) sheets and one (1) pillow case shall be furnished each week.

Sufficient lightweight blankets shall be provided to assure warmth for each patient, shall be available as needed and laundered as often as necessary to assure cleanliness and freedom from odors.

There shall be a clean, washable spread for each bed.

Patients shall be supplied at all times with a clean bath towel and washcloth which shall be changed at least two (2) times a week.

Towels for common use shall not be permitted.

(ag) Adequate and convenient storage space shall be provided on each floor for all linens, pillows and bedding.

(ah) Bedpan and urinal covers shall be provided in ample supply and shall be available at the patient's bedside and in the utility room.

(ai) There shall be cleaning equipment properly maintained and in sufficient quantity to meet the housekeeping needs of the home.

(aj) There shall be a paper towel dispenser at each lavatory with an available supply of dispensable soap.

(iii) General Care and Cleaning of Equipment.

(aa) Bedpans, urinals and commodes shall be emptied promptly and thoroughly cleaned after each use.

(ab) Following the discharge of any patient, all equipment including beds shall be thoroughly cleaned and sanitized. Bedpans, urinals, emesis basins, washbasins, soap dish and other individual items shall be sterilized.

(y) Buildings and Grounds--Existing Homes.

(i) Location.

(aa) Every home located within the corporate limits of a municipality shall comply with all local ordinances.

(ab) Every home located outside the corporate limits of a municipality shall have fire and law enforcement protection.

(ii) General. Every existing home shall meet the following requirements:

(aa) Be structurally sound, clean, sanitary and in good repair.

(ab) Floors and bases of the following areas shall have smooth, easily cleaned, moisture resistant, resilient flooring or ceramic flooring: Toilets, baths, utility rooms, treatment rooms, sterilizing rooms, janitor closets, dining rooms, recreation and patient rooms. Carpeting may be installed in specified areas upon approval of the Department.

(ac) All walls and ceilings shall be kept in good repair, free from cracks or holes and of a type of finish that can be satisfactorily cleaned.

(ad) All windows shall be in good repair, fit snugly and open and close easily.

(ae) A centralized heating system shall be provided capable of maintaining a minimum temperature of seventy-eight degrees Fahrenheit (78° F.) in all occupied areas when the outside temperature is a minus twenty degrees Fahrenheit (-20° F.).

(af) Existing space heaters may be used if vented from the outside and if approved as to type and installation by the State Fire Marshal or the local fire official. Unvented gas heaters and space heaters using room air for combustion shall not be permitted.

(ag) Protection from open flames and hot surfaces shall be provided.

(ah) Corridors and passageways to be used as a means of exit, or part of a means of exit, shall be at least forty-four inches (44") wide.

(ai) All stairways and ramps shall be provided with sturdy handrails on both sides for their full length. All outside open stairwells shall be protected with gates or guards to prevent accidents. All stairways shall be provided with nonskid tread.

(aj) Handrails equipped with returns are required on both sides of the corridors used by patients.

(ak) Telephone alcoves shall be a minimum of four (4) square feet. The phones shall be located at a level convenient for patients in wheelchairs. Doors to telephone alcoves are not recommended.

(al) Every home and every part thereof shall be kept clean, free from accumulation of dirt, trash, rubbish, garbage and shall be kept odor free.

(am) Be so constructed and maintained as to prevent the entrance and harborage of rats, mice, insects, flies and other vermin.

(an) Ceiling of boiler rooms, kitchens, and laundries shall be adequately insulated when the floor directly above them is used.

(ao) Locks installed in patient room doors shall be of the type that can be locked only from the corridor side. At no time shall any patient be locked in his room.

(ap) A latch may be used on the lower half of a dutch door. Sections of dutch doors must be interconnected to prevent the bottom half from opening when the top half is closed. This is the only type of door approved for the temporary restraint of mentally disturbed patients in a room. Not more than one (1) dutch door equipped with restrictive devices shall be allowed for each ten (10) rooms.

(aq) All homes of non-fire resistive construction, of two (2) or more stories, with ten (10) or more residents shall install an automatic sprinkler system and/or a smoke detection system acceptable to the State Fire Marshal.

(iii) Patient Bedrooms. Every existing home shall meet the following requirements:

(aa) Each single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

(ab) Each multiple-bed room shall have at least eighty (80) square feet usable floor area for each bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be three feet (3') minimum distance between each bed and two feet (2') between a bed and the wall.

(ac) No patient room shall have more than four (4) beds. Not more than two (2) beds per patient room is recommended.

(ad) Patient beds shall not be placed in hallways or in any area other than approved bedrooms.

(ae) No room which opens into the kitchen shall be used as a bedroom.

(af) No room shall be used as a bedroom if this requires passing through a kitchen to reach the bathroom, living room or out-of-doors.

(ag) Each room used as a bedroom shall have at least one (1) outside window. The total outside window area should equal at least one-eighth (1/8) of the floor area of the room.

(ah) Each bedroom shall have an adequate clothes closet or wardrobe.

(ai) Each bedroom should have a lavatory with hot and cold running water unless provided in an adjoining bathroom or toilet facility. Lavatories for patient use should be supported on brackets to accommodate wheelchairs and be provided with wrist blades and gooseneck spouts.

(aj) Each bedroom shall have adequate and satisfactory artificial light and be equipped with at least one (1) duplex electric outlet for each bed. There shall be an electric switch in each bedroom near the entrance to control at least one (1) light in the room. Exposed wiring shall be enclosed in conduit. All wiring shall be in compliance with the National Electrical Code and certified by a licensed electrician. Extension cords shall not be allowed.

(ak) Residents shall be housed only in rooms designated as bedrooms by the licensing authority. Rooms in which residents are housed shall be used for no other purpose.

(al) Doors to sleeping rooms shall be at least thirty-six inches (36") in clear width.

(am) Beds or other furniture shall not be placed so as to obstruct passage to corridors or exits.

(an) No resident bedrooms shall be below grade.

(ao) Partial partitions or flame-resistant cubicle curtains shall be installed to provide privacy for each patient when there is more than one (1) in a room.

(iv) Bath and Toilet Rooms. Every existing home shall meet the following requirements:

(aa) Provide separate bathrooms for each sex and a minimum of one (1) bath or shower for each ten (10) beds. Grab bars shall be provided at each bathtub or shower.

(ab) A toilet room for each sex at a ratio of one (1) water closet to each eight (8) beds shall be provided. Toilet rooms should permit movement of wheelchairs and shall have grab bars. One (1) toilet room on each floor should be at least five feet by six feet (5' x 6') to permit toilet training.

(ac) Showers should be approximately four (4) feet square and shall have grab bars and curtains. Curbs shall be omitted.

(ad) No toilet rooms shall open directly into a kitchen, or food preparation or storage room. Neither shall it be so located that a patient must pass through any of the above areas to enter the toilet room.

(ae) All bath and toilet rooms shall be easily accessible and conveniently located. They shall be vented to the outside either by windows that can be opened or by an exhaust fan.

(af) Bathroom fixtures shall be of substantial construction, in good repair and designed so that they may be cleaned satisfactorily. All bathtubs and showers shall be provided with slip-proof mats or strips.

(ag) Each toilet and bathroom shall be adequately lighted, have a light switch just inside or outside the door, and be provided with a mirror for each lavatory.

(ah) Bathrooms and lavatories shall not be used for cleaning, storing, or drying of soiled linen or cleaning equipment.

(ai) Toilet seats shall have a water-proof finish.

(v) Living, Dining and Recreation Areas. The home shall provide a comfortable area well-furnished and well-lighted for the use of patients. Under no circumstances shall the living room be used as a bedroom.

(aa) The living, dining or recreation areas shall be large enough to provide necessary space for the activities of the patients. This shall be an outside room conveniently located.

(ab) Dining area shall be well lighted.

(ac) The total floor area for dining, living and recreation rooms should not be less than twenty (20) square feet for each patient bed.

(vi) Nurses' Station.

(aa) There shall be a well-lighted nurses' desk or station centrally located in the patient area.

(ab) A locked well-lighted medicine cabinet and a medicine preparation area shall be located at or near each nurses' station.

(ac) Toilet and hand washing facilities shall be provided.

(ad) Equipment necessary for charting and record keeping shall be provided.

(ae) A call system shall be provided to register calls at the nurses' station from each bed, patient toilet room and each bathtub or shower.

(af) A separate clean and soiled linen storage area shall be provided in the patient area.

(vii) Utility Rooms.

(aa) There shall be a clean and soiled utility room. These may be separate rooms or in one divided room.

The soiled utility room shall be equipped for the proper cleaning and sanitizing of bedpans. It shall have a suitable sink for cleaning equipment and storage area. A receptacle for soiled linen and sanitary self-closing waste receptacles should be located in this area.

The clean utility room should contain a suitable sink, work space and storage area. This area can also serve as a nourishment center and a storage area for the clean linen supply. The sterilizer may be in this area.

(ab) A janitor closet should be provided for each nursing unit and service area. This closet should be equipped with hot and cold running water, a service sink and adequate storage space for supplies and equipment. Floor type sink is recommended.

(viii) Kitchens.

(aa) A kitchen shall be provided. It shall be properly located for efficient food service and large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. The kitchen area, not including food storage areas, should be approximately ten (10) square feet for each patient bed served.

(ab) The floor surface in kitchens and in all other rooms and areas in which food is stored or prepared, or in which utensils are washed shall be of smooth nonabsorbent materials and so constructed as to be easily cleaned. All floors shall be kept clean and in good repair. Floor drains should be provided in all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquid.

(ac) All walls of areas in which food is prepared shall be nonabsorbent, cleanable, smooth and in good repair.

(ad) All exterior openings shall be effectively protected against flies during fly season.

(ae) Adequate handwashing facilities shall be provided including hot and cold running water, dispensable soap and disposable towels.

(af) Toilet and bathing facilities shall not open directly into food preparation areas.

(ag) Kitchen location should prevent all traffic except that necessary for receiving, preparing and serving food.

(ah) Adequate artificial lights shall be provided in food service areas.

(ai) An adequate supply of hot and cold running water under pressure shall be available to rooms in which food is prepared.

(aj) Dishwashing procedures and equipment must comply with the Regulation for Food Service Establishments of the Division of Environmental Sanitation as adopted by the Board on January 1, 1966.

(ix) Storage Space. Every existing home shall:

(aa) Provide adequate storage space for wheelchairs, walkers, bedside rails and similar equipment.

(ab) Provide adequate storage space for supplies, personal possessions of patients and staff, linens and similar items.

(x) Laundry Rooms. The laundry areas in existing homes shall meet the following requirements:

(aa) The area shall be so located that it does not require passing through a kitchen, bedroom or toilet room to process the laundry.

(ab) Laundry equipment shall not be located in a bedroom, toilet room, bathroom or kitchen.

(ac) Service door and corridor dimensions shall be sufficient to allow for the passage of equipment and supplies.

(ad) When laundry chutes are used, they shall be of a minimum two (2) hour fire-resistive construction with self-closing doors equipped with a positive latch at the top. They shall be provided with a flushing ring, vented to outside atmosphere and have a floor drain at the point of discharge. An automatic sprinkler shall be provided at the top of the chute and at the discharge point.

(ae) The following facilities shall be provided when the laundry is done commercially:

Adequate space for sorting, processing and storing soiled linen;

Storage space located to facilitate convenient pickup and deliveries;

Separate storage facilities for clean linen.

(xi) Office Space. Each existing nursing home shall provide adequate office space to meet the needs of the home.

(xii) Electrical Requirements. The electrical system and equipment shall be in accordance with applicable local codes and regulations. Where such codes are not in effect or where they do not cover special installations, the National Electrical Code shall govern.

(aa) All occupied areas shall be adequately lighted. Patient bedrooms shall have as a minimum a night light and for each bed a reading light. The outlet for general illumination and night light should be switched at the door. Switches in patient rooms should be of an approved mercury or equally quiet type.

(ab) A call system shall be provided to register calls at the nurses' station, with call stations at each patient bed, toilet and bathing room. A corridor dome light shall be located in the corridor over the doorway of all such rooms.

(ac) Lighting fixtures shall be furnished for all lighting outlets. If ceiling lights are used in patient rooms, they shall be shielded.

(ad) Switches in bathrooms shall be located four feet (4') or more from tubs or showers.

(ae) No part of any room shall be enclosed unless such room be separately lighted and ventilated.

(af) Artificial lighting shall be sufficient to illuminate the entire room area. Exposed light bulbs shall not be used in patient rooms or areas frequented by patients such as bathrooms, dining rooms, recreation rooms and corridors.

(ag) Installation of a standby electrical generator on the premises to provide an emergency supply of electricity may be required by the Board if it has good reason to believe the source of supply is unreliable. Battery operated emergency lights shall be available at all times at the nurses' station.

(ah) An inspection of the existing electrical system shall be made by a licensed electrician who shall certify that installation meets the requirements of the National Electrical Code.

(xiii) Ventilation.

(aa) Utility rooms, toilets, bathrooms, sterilizer rooms, sterilizer equipment chambers, janitor closets and food storage rooms shall have adequate ventilation.

(ab) Kitchens and laundries which are located inside the building shall be ventilated by exhaust systems. It is recommended that they discharge the air above the main roof or fifty feet (50') from any window.

The ventilation of these spaces shall comply with the state or local codes. If no codes apply, the air and work spaces should be exhausted at least once every six (6) minutes with the greater part of air being taken from the flatwork ironer, dryer and range areas.

Air from the laundry sorting area shall be discharged with no recirculation.

Oxygen storage and oxygen manifold rooms shall comply with the regulations set forth in the latest edition of the NFPA Standard 56.

(xiv) Incinerators.

(aa) Incinerators are recommended for all nursing homes. If installed, they shall be gas, electric or oil fired.

(ab) Design and construction of incinerators and refuse chutes shall be in accordance with Part III of the National Fire Protective Association, Standard No. 82, Standards for Incinerators.

(xv) Plumbing. All plumbing shall comply with applicable local codes, National Plumbing Code and Montana Plumbing Code.

(xvi) Gas Piping and Appliances.

(aa) Gas piping and appliances shall be approved by the American Gas Association and shall be connected in accordance with requirements of the utility company furnishing the gas.

(ab) Gas outlets shall not be provided in patient rooms.

(xvii) Oxygen Systems. Where oxygen systems are installed, the oxygen piping outlets, manifold rooms and storage rooms shall be installed in accordance with the requirements of NFPA Standard No. 56 and No. 565.

(xviii) Elevators.

(aa) It is recommended, where practical, that elevators be installed if patient rooms are above the street level floor. If elevators are not installed, only those patients who can ascend and descend stairs without assistance may be housed above the street level floor.

(ab) Passenger elevators should have a platform size of not less than five feet four inches by eight feet (5'4" x 8').

(ac) Installation shall comply with the local and state codes, the American Safety Code for Elevators, National Board of Fire Underwriters and the National Electrical Code.

(xix) Dumb Waiters. Installation of dumb waiters shall comply with all local and state codes, American Standard Safety Code for Elevators, National Board of Fire Underwriters and the National Electrical Code.

(7) Intermediate Care Facilities. An Intermediate Care Facility is one which furnishes limited nursing services and personal care and services to individuals not in need of continuous skilled nursing care.

A prerequisite to this licensure classification is that a registered professional nurse or a licensed practical nurse must be in charge of the health care service of the facility on a full-time basis forty (40) hours a week on the day shift Monday through Friday.

All residents requiring intermediate care may be admitted only upon the recommendation of a physician licensed to practice medicine in the state.

Health care of the resident must be under the continuing supervision of a Montana-licensed physician who sees the resident as needed and in no case less than quarterly.

(8) Personal Care Homes. A Personal Care Home is one that provides personal care and services in addition to food, shelter, and laundry to individuals who are not in need of skilled nursing care. Personal services include help in feeding, walking, getting in or out of bed, dressing, washing, shaving, care of hair, bathing, preparation of modified diets and supervision of medications.

All medications must be prescribed by a physician or dentist. It is required that residents of personal care homes be able to administer their own medications. Licensed nursing personnel may administer medications to residents. In the absence of a licensed professional person, staff responsibility is limited to supervision only. Supervision of medications shall mean that since the medicines shall be self-administered by the residents, the staff will be required only to remind the resident to take his medications and to observe and record this activity.

Personal care homes are primarily socially oriented. Services shall include an organized program of recreational and/or occupational activities. Residents shall be encouraged to be active, to develop techniques for self-help, and be stimulated to develop hobbies and interests.

The administrator shall be responsible for neither admitting nor continuing to care for residents whose condition indicates the need for a type of service and care that is not available in the home. No resident shall remain in the home who requires skilled nursing care.

Residents in personal care homes must be able to participate and cooperate in performing their normal activities of daily living even though they need some assistance. If they are not ambulatory, they must be able to spend most of every day up and dressed. Mental retardates and senile cases manifesting only mild memory changes and only slight confusion and whose needs are limited as defined above may be admitted. The needs of the residents in personal care homes must not be greater than the provision of shelter, meals, laundry and assistance with personal services and supervision of medications.

(a) Administrative Organization.

(i) The personal care home shall be organized under a governing authority which assumes full legal responsibility for the overall conduct of the facility and which is responsible for the compliance with applicable laws of legally authorized agencies. The governing authority may be a proprietorship, partnership, association, corporation or governmental unit.

(ii) The governing authority shall appoint an administrator who is qualified by training or experience and delegate to him the internal operation of the facility in accordance with established policies.

(aa) The administrator shall be at least twenty-one (21) years of age, capable of making mature judgments and have no mental or physical disabilities or personality disturbances which interfere with carrying out his responsibilities.

(ab) The administrator should have a minimum of a high school education, have completed courses in administration or management and have had at least one (1) year or work experience in a health facility. All persons in a supervisory position shall be twenty-one (21) years of age or over. The administrator shall not leave the premises day or night without delegating the administrative responsibility to a competent person twenty-one (21) years of age or older.

(iii) The administrator shall make available for inspection by the Board on request the quarterly report of paid employees as compiled for Social Security.

(b) Personnel Policies and Records.

(i) There are written personnel policies, practices and procedures that adequately support sound patient care.

(aa) Each employee shall furnish acceptable evidence of freedom from active pulmonary tuberculosis at the time of employment and annually thereafter. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray. A pre-employment and annual complete physical examination is recommended.

(ab) Hours of work, vacation time, pay and allowances, and duties of the employee be established.

(ac) Persons employed in the home shall have sufficient experience or qualifications to perform the type of work for which they are employed.

(ad) All persons employed in the home shall be of good physical and mental health, not habitual users of narcotics, drugs or alcohol.

(ae) No person with a communicable, contagious or infectious disease shall be employed in the home.

(af) Any person showing signs of upper respiratory infection or other communicable, contagious or infectious disease shall be excluded from work until symptom free.

(ag) No employee shall resume work after using the toilet without first washing his hands with soap under hot and cold running water, and drying with an individual towel. Hand washing signs shall be posted in toilet rooms and lavatories used by employees. Dishwashing sinks shall not be used for handwashing purposes.

(ah) Any person having responsibility for the care of residents shall be mentally and physically capable and at least eighteen (18) years of age. The only exception to the age limitation shall be aides sixteen (16) to eighteen (18) years of age if they work at all times under direct supervision.

(ii) Personnel records shall contain the following information:

(aa) Name, current address, and telephone number;

(ab) Social Security number;

(ac) Date of birth;

(ad) References;

(ae) Work experience;

(af) Qualifications and education;

(ag) Results of any employment physical examination, including certification by a physician of freedom from active pulmonary tuberculosis;

(ah) Date of employment;

(ai) Position (type of work and hours on duty each day);

(aj) Date of termination of employment;

(ak) Reason for discharge or resignation.

(iii) Daily work schedules of employees shall be kept in writing for the previous three (3) months' period showing the personnel on duty at any given time.

(iv) A record shall be kept of all accidents to employees sustained in the course of employment in accordance with the regulations established by the Industrial Accident Board.

(v) Required Staffing:

(aa) There shall be at all times a responsible person immediately available to the residents.

(ab) At all times there shall be sufficient personnel to provide the necessary resident care and maintenance.

(ac) There shall be, at least, one staff person up and dressed during the night capable of rendering service to the residents.

(ad) Separate buildings, or cottages, on the same grounds used by the same facility will not be licensed in this classification unless adequate personnel are available at all times in these separate buildings and/or cottages to assure proper care of the residents.

(c) Admission, Transfer, and Discharge.

(i) Administrator of the personal care home shall be responsible for exercising discretion in the type of resident admitted to the facility. He shall not accept applicants for whom care cannot be provided in keeping with the applicant's mental or physical condition.

(ii) No home shall admit more residents than the number of beds stipulated on the license.

(iii) The administrator shall require that each applicant furnish certification of freedom from active pulmonary tuberculosis at the time of admission and annually thereafter.

If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray.

(iv) The administrator should encourage a physical examination of all applicants immediately prior to admission.

(v) Persons requiring skilled nursing care shall not be admitted to personal care homes. Residents acquiring conditions after admission that require hospitalization, skilled nursing care or administered medications shall be promptly transferred to the appropriate facility.

(vi) No woman requiring prenatal or maternity care shall be admitted to or retained in a personal care home.

(vii) Children under sixteen (16) years of age may be admitted to the personal care home if appropriate facilities and program are provided.

(viii) A home shall not accept or keep residents who are destructive of property, themselves, or others, or who have symptoms of mental or emotional problems. A home may take care of mildly confused persons not requiring constant supervision.

(ix) If a resident becomes disturbed and unmanageable, proceedings shall be initiated immediately for the transfer of the resident from the home to the proper facility.

(x) A personal care home shall not refuse to discharge or transfer a resident when the physician, family, resident, or sponsor requests this discharge or transfer.

(xi) The family or sponsors shall be notified promptly when the resident is removed from the personal care home.

(xii) The home shall have a signed agreement with each resident or sponsor covering all necessary arrangements should it be necessary to effect a transfer.

(xiii) All personal property belonging to a resident must be returned to him on transfer or discharge.

(d) Miscellaneous Policies.

(i) Visiting Hours:

(aa) Personal care homes shall have convenient daily visitng hours both day and evening. The hours shall be prominently posted in plain view of visitors.

(ab) Spiritual advisors shall be permitted to visit residents at all reasonable hours. Privacy during these visits shall be the privilege of every resident.

(ac) Each resident shall be privileged to have privacy with his visitors, physician, and other persons who have responsibility for his welfare.

(ii) Each facility shall have at least one (1) non-coin operated telephone which is accessible at all times in case of an emergency. Residents shall have access to a telephone at a convenient location within the building.

(iii) The individual in charge of each work shift shall have in his possession keys to all doors.

(iv) Smoking shall be permitted only in those areas authorized by the fire codes and/or the fire marshal.

(v) Residents shall not be permitted to smoke in bed unless a responsible individual is present.

(vi) Pets will be allowed only in recreational areas or in the residents' rooms, and then only if restricted to a cage or container.

(vii) Residents sharing a bedroom shall be of the same sex except the case of a room occupied by a husband and wife or children under age six (6).

(viii) Residents of one sex shall not pass through a bedroom occupied by a member of the opposite sex to reach a bathroom, living room, dining room, corridor or similar area.

(ix) There shall be a written agreement between the home and each resident or sponsor pertaining to cost of care, type of care, and services provided and means of notifying the responsible party of significant changes in a resident's condition.

(x) Residents shall receive their mail unopened. Outgoing mail written by residents shall not be censored.

(xi) Failure to return valuables to a resident or his sponsor at the time of discharge, transfer, or death, or to refund the unused balance of a resident's personal account, or making purchase on his account without the resident's consent or that of his sponsor constitutes misappropriation of property.

(xii) Prompt investigation of the cause of any accident involving a resident or an employee shall be instituted by the administration. Corrective measures indicated shall be adopted. A careful record shall be kept of all accidents.

(xiii) A resident shall be permitted to leave the premises unless good cause can be shown for refusing such permission.

(xiv) The home shall provide a program of recreational and social activities.

(xv) The home shall make adequate provisions for identification of resident's personal property and for safekeeping of valuables.

(xvi) Administrators shall assume the responsibility for seeing that each resident has an adequate supply of presentable clothing.

(xvii) No part of a premise licensed as a personal care home shall be utilized for any purpose other than the operation of the home as defined by these rules.

(xviii) The physician shall be called at any indication of physical or mental illness of a resident.

(e) Medical Care Policies.

(i) The administrator should require physical examination of all applicants immediately prior to admission.

(ii) Every resident in the personal care home is entitled to services of a physician licensed to practice medicine in Montana.

(iii) The resident or the sponsor acting in his behalf shall be permitted free choice of a physician. This physician shall be allowed to visit the resident as he deems necessary to assure adequate medical care.

(iv) The administrator shall arrange to secure a physician or effect hospitalization promptly as needed.

(v) A physician shall be called at the onset of any physical or mental illness.

(vi) Arrangements shall be made with a physician to be available for emergencies in the home in the event the resident's own physician cannot be reached.

(f) Personal Care Services.

(i) Responsibilities of the Person in Charge.

(aa) Supervision of all individualsgiving personal care to the residents.

(ab) Daily observation of each resident.

(ac) Insuring that a record is kept of all pertinent facts concerning the resident's condition. A record of the details of any accident to a resident within or without the home shall be made.

(ad) Calling a physician when considered necessary.

(ae) Planning the daily program of personal care for residents and assigning duties to employees according to their capabilities.

(af) Notification of the dietary department of changes in therapeutic diet orders or dietary needs. Encourage all residents to eat in the dining room. Insure that residents who need help with eating receive the necessary assistance and provide adaptive self-help devices as indicated. Observe the food and fluid intake and output of residents, reporting persistant unresolved problems to the resident's physician.

(ag) Maintain the physical, emotional and social well being of the resident. Arrange for services by members of the clergy for those unable to leave the home.

(ii) Resident Cleanliness.

(aa) Each resident shall be given daily personal attention and care as needed to maintain his person in a clean, well-groomed condition. Each person shall have not less than one (1) complete bath a week and additional baths as necessary for personal hygiene; shampoos as necessary to maintain hair and scalp in clean condition; shaves as necessary to keep male patients well groomed.

(ab) Each resident shall have a clean room, bed, bedlinen and clothing. Clothing and bedding shall be changed immediately if soiled, and kept clean and free of odors. Soiled linen and clothing should be removed immediately from the resident areas. Rubber and plastic sheets shall be cleaned often to prevent offensive odors. All utensils used in the personal care of the resident shall be kept clean and odor free.

(ac) Residents shall be encouraged to be dressed and up and about as much of the day as possible.

(iii) Restraints.

(aa) Restraints shall be applied only as a last resort to prevent the resident who is mentally disturbed or unmanageable from harming himself or others, and then only for such time as to effect transfer of the resident to the proper facility. The form of restraint used shall not be painful to or in any way physically harm the resident.

(ab) When it becomes necessary to apply restraints, the resident's physician shall be notified immediately.

(ac) Residents shall not be kept behind locked doors except as specified in this rule and MAC 16-2.22(2)-S2260.

(g) Records.

(i) In the event of change in the management of the personal care home all resident records shall remain the property of the facility. These shall be kept in the home at all times and available to the staff.

(ii) Each resident record shall be composed of the following:

(aa) Admission record, including date of admission and discharge, name and address of resident, birth date, marital status, financial responsibility, church affiliation, telephone number and address of physician and of person to be notified in an emergency.

(ab) Record of any physical examination including disabilities and certification by a physician of freedom from active pulmonary tuberculosis.

(ac) A care record including date and dosage of each medication taken, date and time of physician's visit and record of all facts concerning the resident's condition.

(ad) In the case of death the required report shall include: date and time of death, immediate cause of death, physician's signature, name and address of next of kin or sponsor notified, signature of mortician removing the body.

(ae) Incident reports shall be kept of all accidents to include: Name and address of resident, resume and cause of accident, injuries sustained from accident, time physician notified.

(af) All information contained in the resident's record is confidential and is available only to authorized persons.

(iii) All resident records shall be retained for five (5) years after the last discharge date or until age twenty-six (26) of the resident, whichever is longer. In the event of death, records shall be kept for five (5) years after proof of death.

(iv) Prior to destroying any record, a summary card must be prepared containing the name of the resident; age; date of birth, admission and discharge; diagnosis; name of attending physician and next of kin or sponsor. The summary card shall be a permanent record of the facility.

(v) Provision shall be made for the safe storage of all records required by these rules. All records shall be checked for completeness prior to filing.

(vi) All reports and records shall be available to authorized persons of the Department having legal responsibility pertaining to the licensing of personal care homes.

(h) Reports.

(i) An annual report shall be submitted for the preceding calendar year's operation before January 31 on forms provided by the Department.

(ii) There shall be strict compliance with the rules of the Department for reportable diseases.

(i) Drug Services--Medications.

(i) Medications shall be self-administered or by a licensed professional nurse.

(ii) Staff responsibility shall be to remind the resident to take his medicine and to observe and record this activity.

(iii) Stocking of drugs is prohibited.

(iv) Provision must be made for safe storage of all medications.

(v) The label of all drugs available to residents of the home shall fully comply with the requirements of federal and state statutes and rules of the Board of Pharmacy and shall indicate:

(aa) Complete name of resident
(ab) Name of prescribing physician
(ac) Quantity of medication dispensed
(ad) Directions for administration
(ae) Prescription number and date of issue
(af) Expiration date of drug (if any)
(ag) Name and strength of drug
(ah) Pharmacy name and address
(ai) Proper accessory labels shall be affixed when applicable.

All pharmaceutical containers having soiled or otherwise damaged or illegible labels should be returned to the pharmacy for relabeling.

(vi) All prescribed medications are the property of the resident. Unused, outdated and discontinued medication should be disposed of. In case of death, unused medications shall not be retained in the home or given to any other resident. Unused narcotic prescriptions shall be returned to the dispenser or to the Bureau of Narcotics. (Reference: United States Treasury Department Joint Regulations of the Bureau of Narcotics and Internal Revenue Service, Regulation No. 5, Revised October, 1964, page 48.) All other prescriptions shall be destroyed by the administrator or his agent. An appropriate notation of disposition giving quantity, description of drug and prescription number shall be noted on the resident's record and signed by the person disposing of the medication.

(vii) All bleaches, detergents and disinfectants shall be kept separate from medicines and foods.

(j) Nutritional Requirements.

(i) Food served meets the nutritional needs of the residents in accordance with physicians' orders and to the extent medically possible meets the dietary recommendations of the Food and Nutrition Board of the National Research Council adjusted for age, sex and activity. The following daily guide is based on these allowances:

(aa) Milk--Two (2) or more cups served as beverage or used in cooking.

(ab) Meat group--Two (2) or more servings meat, fish, poultry, eggs, cheese, with dry beans, peas, nuts as alternates.

(ac) Vegetable and fruit group--Four (4) or more servings.

A citrus fruit or other fruit and vegetable important for vitamin C.

A dark green or deep yellow vegetable for vitamin A, at least every other day.

Other vegetables and fruits including potatoes.

(ad) Bread and cereal group--Four (4) or more servings of whole grain, enriched or restored.

(ae) Other foods to round out meals and snacks to satisfy individual appetites and provide additional calories.

(ii) All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption.

(iii) At least three (3) meals are served daily, at regular times with not more than a fourteen (14) hour span between a nutritious evening meal and breakfast.

(iv) If a four (4) or five (5) meal plan is in effect, the nutritional value provided is equivalent to the guide described.

(v) Therapeutic diets are prepared and served as prescribed by the attending physician under the supervision or consultation of a qualified dietitian.

(vi) A current diet manual shall be available to food service and other personnel concerned.

(vii) Personnel responsible for therapeutic diets should have received instruction in food values adequate to make appropriate substitutions when necessary.

(k) Food Service.

(i) Menus are written at least one (1) week in advance. The current menu is in one (1) or more accessible places in the dietary department for easy use by persons purchasing, preparing and serving food.

(ii) Records of menus as served are filed and maintained for thirty (30) days and may be reviewed by authorized persons.

(iii) Supplies of staple foods for a minimum of a one (1) week period and of perishable foods for a minimum of a two (2) day period are maintained on the premises.

(iv) Methods of food preparation used conserve nutritive value, flavor and appearance.

(v) A file of tested recipes adjusted to appropriate yield is maintained.

(vi) Food is cut, chopped or ground to meet individual needs.

(vii) Effective procedures are established to provide and maintain food at proper serving temperatures.

(viii) Table service is provided for all who can and will eat at a table. Tables should be of proper design to accommodate residents in wheelchairs.

(ix) Table and tray service shall be attractive with plastic or china dishes or sectioned plastic trays free of cracks, chips and stains.

(l) Maintenance, Housekeeping and Sanitation.

(i) Maintenance. Every home shall have an effective maintenance program and necessary staff to:

(aa) Keep the building in good repair and free of hazards such as cracks in floors, walls or ceilings, warped or loose boards, broken, loose or cracked floor coverings, loose handrails or railings, loose or broken window panes, and similar hazards.

(ab) Keep all electrical, mechanical, water supply, fire protection and sewage disposal systems in a safe, functioning condition. Electrical cords, outlets, switches and appliances shall be maintained in a safe condition.

(ac) Keep all plumbing fixtures in good repair, properly functioning and provided with protections to prevent contamination from entering the water supply.

(ad) Inspect the heating system regularly and make all necessary repairs to maintain it in a safe, functioning condition.

(ae) Maintain interior and exterior of the building as needed to keep it reasonably attractive. Loose, cracked or peeling wall paper or paint shall be promptly replaced or repaired to provide a satisfactory finish.

(af) Keep all furniture and furnishings attractive and in good repair.

(ag) Keep the grounds and other buildings in a safe, santiary and presentable condition. Grounds shall be kept free of insect and rodent breeding areas.

(ii) Housekeeping. Every home shall have an effective housekeeping program and necessary staff to:

(aa) Maintain the building in a clean, safe and orderly condition using accepted practices and procedures.

(ab) Keep all rooms and corridors clean and arranged in an orderly fashion. This includes food preparation, storage and serving areas.

(ac) Keep floors clean, slip proof, free from throw or scatter rugs and other tripping hazards.

(ad) Control odors by cleanliness and proper ventilation. Deodorant shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.

(ae) Keep storage areas, attics, basements and similar areas free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment and similar items.

(af) Keep the home free of unnecessary accumulations of equipment and supplies including possessions of residents and staff.

(ag) Prohibit use of bathtubs, shower stalls, or lavatories for laundering, janitorial or storage purposes.

(iii) Food Handling Sanitation.

(aa) Every home shall substantially comply with the Regulation for Food Service Establishments of the Division of Environmental Sanitation as adopted January 1, 1966, by the Board.

(ab) All food, while being stored, prepared, displayed, served or transported, shall be protected against contamination from dust, flies, rodents and other vermin. It shall be protected from unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage.

(ac) Food handling personnel shall be trained in basic food sanitation techniques.

(ad) Clothing worn shall be clean and easily washable. To cover hair completely, hair nets must be worn by women and paper or cloth caps must be worn by men.

(ae) Anyone showing evidence of an infection shall be excluded from duty.

(af) Adequate handwashing facilities including hot and cold water, dispensable soap and individual paper towels shall be provided within the kitchen area.

(ag) There shall be an adequate supply of dishes, glassware and silverware of a satisfactory type to serve all residents in the home one meal.

(ah) All perishable food shall be stored at safe temperatures (forty-five degrees Fahrenheit (45° F.) or below). Cooked foods being held for serving later shall be maintained at a temperature of one hundred forty degrees Fahrenheit (140° F.) or higher. These temperatures will be maintained except during necessary periods of preparation and service.

(ai) All staple foods shall be stored on racks or shelves off the floor in a ventilated room and protected from contamination.

(aj) All garbage not mechanically disposed of shall be kept in suitable containers pending removal. All cans, trash and other waste materials shall be stored in a covered container. The garbage and trash shall be removed from the premises as frequently as necessary to prevent nuisance and unsightliness.

(ak) Effective procedures for cleaning all equipment and work areas shall be followed consistently.

(al) A three-compartment sink shall be provided and used for manual washing and sanitizing of equipment and utensils.

(am) All tableware washed by spray-type machine shall be washed with water at a temperature of one hundred forty to one hundred sixty degrees Fahrenheit (140°-160° F.) and rinsed by clean water of at least one hundred eighty degrees Fahrenheit (180° F.).

(an) All tableware shall be allowed to air dry. No drying cloths shall be used.

(ao) All dishes, silverware and cooking utensils shall be stored above the floor in a clean, dry place protected from flies, splash, dust and other contaminants.

(ap) The kitchen shall be located so it will not be used as a passageway by residents or non-food handling staff.

(aq) Space in the kitchen should not be used for serving meals to either residents or staff, including food service staff.

(ar) None of the operations connected with food preparation shall be conducted in a room used for living, sleeping or laundry purposes.

(as) The use of tobacco shall be prohibited in food preparation areas.

(at) All poisonous compounds shall be used with extreme caution and compounds harmless to humans should be substituted whenever possible. Poisonous compounds shall not be stored in food preparation areas.

(iv) Laundry Service.

(aa) Unless a commercial laundry service is used, clean and soiled laundry operations shall be functionally separate in an adequately equipped laundry area.

(ab) The minimum temperature of water used in the laundry shall be one hundred eighty degrees Fahrenheit (180° F.).

(ac) Linen shall be dried in equipment which utilizes a high drying temperature.

(ad) Storage of soiled linen should be arranged to prevent odors in the home. Suitable containers shall be provided for all soiled linen. Bagging is recommended.

(v) Garbage Disposal.

(aa) All garbage shall be stored and disposed of in a manner that will not permit the transmission of contagious disease, create a nuisance, or provide a breeding place for flies.

(ab) All containers for garbage should be watertight, have tight fitting covers and be rodent proof. Containers shall be thoroughly scrubbed.

(m) Water Supply and Sewerage Disposal.

(i) Water Supply.

(aa) The home shall be served by water from a public water supply when available.

(ab) If a public water supply is not available, a private water supply may be utilized, if approved by the Department. The water supply shall be in accordance with the Sanitary Code of the Department.

(ac) The water supply shall be adequate in quantity and quality and delivered under sufficient pressure.

(ad) Plans for any private water supply must be reviewed and approved by the Department before construction is started.

(ii) Sewerage System.

(aa) All sewage and liquid waste shall be disposed of in the public sewerage system, when available.

(ab) If a public sewerage system is not available, sewerage and liquid waste shall be collected, treated and disposed of in private treatment facilities, the construction, maintenance, and operation of which must be approved by the Department.

(ac) Plans for any proposed disposal system must be approved by the Department before construction is started.

(n) Furnishings, Equipment and Supplies.

(i) Furnishings.

(aa) Living rooms for resident use shall be provided with a sufficient number of reading lamps, tables, chairs and sofas of satisfactory design.

(ab) Each bed shall be provided with satisfactory springs in good repair and a clean, firm comfortable mattress standard in size for the bed. Each bed shall have at least one comfortable pillow. There shall be additional pillows available in the facility to serve all needs.

(ac) Mattresses and pillows shall be kept clean, dry and in good repair.

(ad) Each resident shall have a bedside table or its equivalent with a drawer and a washable top.

(ae) There shall be an individual towel rack.

(af) A comfortable chair shall be provided for each resident in his room.

(ag) Each resident shall be provided with adequate private drawer and wardrobe or closet space in his room for clothing.

(ah) A satisfactory reading lamp or equivalent shall be provided for each resident.

(ai) Each bedroom shall have a mirror.

(aj) Each bedroom shall have clean, flame-resistant window shades or equivalent in good repair.

(ak) Dining room furnishings shall be well constructed and of satisfactory design. Tables shall be of a type that can be used by persons in wheelchairs.

(ii) Equipment and Supplies.

(aa) A call system shall be provided within easy reach of each resident bed.

(ab) There shall be flame-resistant cubicle curtains in each multiple-bed room to insure privacy for residents.

(ac) There shall be a sufficient quantity of equipment properly maintained to care for resident needs.

(ad) Linen:

There shall be an adequate supply of linen and other bedding.

A moisture proof mattress cover and mattress pad shall be provided for all beds.

A supply of sheets and pillowcases shall be available so that changes may be made as often as necessary to keep bed clean, dry and free of odors. At least two (2) sheets and one (1) pillowcase shall be furnished each week.

Sufficient lightweight blankets shall be provided to assure warmth for each resident, shall be available as needed and laundered as often as necessary to assure cleanliness and freedom from odors.

There shall be a clean washable spread for each bed.

Residents shall be supplied at all times with a clean bath towel and washcloth which shall be changed at least two (2) times a week.

Towels for common use shall not be permitted.

(ae) Adequate and convenient storage space shall be provided on each floor for all linens, pillows and bedding.

(af) There shall be cleaning equipment properly maintained and in sufficient quantity to meet the housekeeping needs of the home.

(ag) There shall be a paper towel dispenser at each lavatory with an available supply of dispensable soap.

(ah) Following the discharge of any resident, all equipment including beds shall be thoroughly cleaned and sanitized.

(o) Buildings and Grounds--Existing Personal Care Homes.

(i) Location.

(aa) Every home located within the corporate limits of a municipality shall comply with all local ordinances.

(ab) Every home located outside the corporate limits of a municipality shall have fire and law enforcement protection.

(ii) Building-General. Every existing home shall meet the following requirements:

(aa) Be structurally sound, clean, sanitary and in good repair.

(ab) Floors and base of the following areas shall have smooth easily cleaned, moisture resistant, resilient flooring or ceramic flooring: Toilets, baths, janitor closet, dining rooms, recreation and resident rooms. Carpeting may be installed in specified areas upon approval of the Department.

(ac) Walls and ceilings shall be kept in good repair, free from cracks or holes and be of a type of finish that can be satisfactorily cleaned.

(ad) All windows shall be in good repair, fit snugly and open and close easily.

(ae) A centralized heating system shall be provided capable of maintaining a minimum temperature of seventy-eight degrees Fahrenheit (78° F.) in all occupied areas when the outside temperature is a minus twenty degrees Fahrenheit (-20° F.).

(af) Existing space heaters may be used if vented from the outside and if approved as to type and installation by the State Fire Marshal or the local fire official. Unvented gas heaters and space heaters using room air for combustion shall not be permitted.

(ag) Protection from open flames and hot surfaces shall be provided.

(ah) All stairways and ramps shall be provided with sturdy handrails on both sides for their full length. All outside open stairwells shall be protected with gates or guards. All stairways shall be provided with non-skid tread.

(ai) Handrails equipped with returns are required on both sides of corridors used by residents.

(aj) Telephone alcoves shall be a minimum of four (4) square feet. Phones shall be located at a level convenient for residents in wheelchairs. Doors to telephone alcoves are not recommended.

(ak) Every home and every part thereof shall be kept clean, free of accumulations of dirt, trash, rubbish, garbage and shall be kept odor free.

(al) Be so constructed and maintained as to prevent the entrance and harborage of rats, mice, insects, flies or other vermin.

(am) Ceilings of boiler rooms, kitchens and laundry shall be adequately insulated when the floor directly above them is used.

(an) Locks installed in resident room doors shall be of a type that can be locked only from the corridor side. At no time shall any resident be locked in his room.

(ao) A latch may be used on the lower half of a dutch door. Sections of dutch doors must be interconnected to prevent the bottom half from opening when the top half is closed. This is the only type of door approved for temporary restraint of mentally disturbed residents in a room. Not more than one (1) dutch door equipped with restrictive devices shall be allowed for each ten (10) beds.

(ap) All homes of non-fire resistive construction, of two (2) or more stories, with ten (10) or more residents shall install an automatic sprinkler system and/or smoke detection system acceptable to the State Fire Marshal.

(aq) All doors through which residents will pass shall be at least thirty inches (30") wide. Wider doors are desirable. All doors opening into the corridors shall be of solid wood or metal having a one (1) hour fire-resistive rating. No doors shall swing into the corridor except closet doors.

(ar) Corridor widths of not less than thirty-six inches (36") shall be provided with wider corridors desirable.

(as) The width of the stairways shall not be less than thirty-six inches (36").

(at) Adequate parking space shall be available.

(iii) Resident Bedrooms. Every existing home shall meet the following requirements:

(aa) Each single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms, and built-in drawers, closets or wardrobes.

(ab) Each multiple-bed room shall have at least eighty (80) square feet usable floor area for each bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be three feet (3') minimum space between each bed and two feet (2') minimum space between a bed and the wall.

(ac) No resident room shall have more than four (4) beds. Not more than two (2) beds per resident room is recommended.

(ad) Resident beds shall not be placed in the hallways or any area other than approved bedrooms.

(ae) No room which opens into the kitchen shall be used as a bedroom.

(af) No room shall be used as a bedroom if this requires passing through a kitchen to reach the bathroom, living room and out-of-doors.

(ag) Each room used as a bedroom shall have at least one (1) outside window. The total outside window area should equal at least one-eighth (1/8) of the floor area of this room.

(ah) Each bedroom shall have an adequate clothes closet or wardrobe.

(ai) Each bedroom should have a lavatory with hot and cold running water unless provided in an adjoining bathroom or toilet facility. Lavatories for resident use should be supported on brackets to accommodate wheelchairs.

(aj) Each bedroom shall have adequate and satisfactory artificial light and be equipped with at least one (1) duplex electric outlet for each bed. There shall be an electric switch in each bedroom near the entrance to control at least one light in the room. Exposed wiring shall be enclosed in conduit. All wiring shall be in compliance with the National Electrical Code and be certified by a licensed electrician. Extension cords shall not be allowed.

(ak) Residents shall be housed only in rooms designated as bedrooms by the licensing authority. Rooms in which residents are housed shall be used for no other purpose.

(al) Beds or furniture shall not be placed so as to obstruct passage to corridors or exits.

(am) No resident bedrooms shall be below grade.

(an) No part of any room shall be enclosed or subdivided unless such part be separately lighted and ventilated.

(iv) Bath and Toilet Rooms. Every existing home shall meet the following requirements:

(aa) Provide separate bathrooms for each sex at a minimum of one bath or shower for each ten (10) beds. Grab bars shall be provided at each bathtub and shower.

(ab) A toilet room for each sex at a ratio of one (1) water closet to each eight (8) beds shall be provided. Toilet rooms should permit movement of wheelchairs and shall have grab bars. One (1) toilet room on each floor should be at least five feet by six feet (5' x 6') to permit toilet training.

(ac) Showers should be approximately four (4) feet square and shall have grab bars and curtains. Curbs shall be omitted.

(ad) No toilet rooms shall open directly into a kitchen, food preparation or storage room. Neither shall it be so located that the resident must pass through any of the above areas to enter the toilet room.

(ae) All bath and toilet rooms shall be easily accessible and conveniently located. They shall be vented to the outside either by windows that can be opened or by an exhaust fan.

(af) Bathroom fixtures shall be of substantial construction, in good repair and designed so that they may be cleaned satisfactorily. All bathtubs and showers shall be provided with slip-proof mats or strips.

(ag) Each toilet and bathroom shall be adequately lighted, have a light switch just inside or outside the door and be provided with a mirror for each lavatory.

(ah) Partial partitions or flame-resistant cubicle curtains shall be installed to provide privacy for each resident when there is more than one (1) in a room.

(ai) Bathrooms and lavatories shall not be used for cleaning, storing or drying soiled linen or cleaning equipment.

(aj) Toilet seats shall have waterproof finish.

(v) Living, Dining and Recreation Areas. The home shall provide a comfortable area well-furnished and well-lighted for the use of residents. Under no circumstances shall the living room be used as a bedroom.

(aa) The living, dining or recreation area shall be large enough to provide necessary space for the activities of the residents. This shall be an outside room conveniently located.

(ab) Dining area shall be well-lighted and large enough to accommodate all residents.

(ac) The total floor area for dining, living and recreation rooms should not be less than twenty (20) square feet for each resident bed.

(vi) Charting Area.

(aa) There shall be a well-lighted charting area or desk centrally located in the resident area.

(ab) Equipment necessary for charting and record keeping shall be provided.

(ac) A call system shall be provided to be recognizable at the charting area from each resident bed, resident toilet room and each bathtub or shower.

(vii) Janitor Closet. A janitor closet should be provided for each service area. This closet should be equipped with hot and cold running water, a service sink and adequate storage space for supplies and equipment. A floor-type sink is recommended.

(viii) Kitchen.

(aa) A kitchen shall be provided properly located for efficient food service large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. It is recommended that the kitchen area, not including food storage areas, be approximately ten (10) square feet for each resident bed served.

(ab) Floor surfaces in the kitchen and in all other rooms and areas in which food is stored, prepared or in which utensils are washed shall be of smooth non-absorbent materials and so constructed as to be easily cleaned. All floors shall be kept clean and in good repair. Floor drains should be provided in all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquid.

(ac) All walls of areas in which food is prepared shall be non-absorbent, cleanable, smooth and in good repair.

(ad) All exterior openings shall be effectively protected against flies during fly season.

(ae) Adequate handwashing facilities shall be provided including hot and cold running water, dispensable soap and disposable towels.

(af) Toilet and bathing facilities shall not open directly into food preparation areas.

(ag) Kitchen location should prevent all traffic except that necessary for receiving, preparing and serving of food.

(ah) Adequate artificial light shall be provided in food service areas.

(ai) An adequate supply of hot and cold running water under pressure shall be available to rooms in which food is prepared.

(aj) Dishwashing procedure and equipment must comply with the Regulation for Food Service Establishments of the Division of Environmental Sanitation as adopted January 1, 1966, by the Board.

(ix) Storage Space Requirements. Every existing home shall:

(aa) Provide adequate storage space for wheelchairs, walkers and similar equipment.

(ab) Provide storage space for supplies, personal possessions of residents and staff, linen and similar items.

(x) Laundry Rooms. The laundry area in existing homes shall meet the following requirements:

(aa) The location shall not require passing through a kitchen, bedroom or toilet room in order to process the laundry.

(ab) Laundry equipment shall not be located in a bedroom, toilet room, bathroom or kitchen.

(ac) Service door and corridor dimensions shall be sufficient to allow for the passage of equipment and supplies.

(ad) When laundry chutes are used, they shall be a minimum of two (2) hour fire-resistive construction with self-closing doors equipped with a positive latch at the top. They shall be provided with a flushing ring, vented to outside atmosphere and have a floor drain at the point of discharge. An automatic sprinkler shall be provided at the top of the chute and at the point of discharge.

(ae) The following facilities shall be provided when the laundry is done commercially:

Adequate space for sorting, processing, and storing soiled linen.

Storage space located to facilitate convenient pickup and deliveries.

Separate storage facilities for clean linen.

(xi) Office Space. Each existing personal care home shall provide adequate office space to meet the needs of the home.

(xii) Electrical Requirements. All electrical equipment and systems shall be in accordance with applicable local codes and regulations. Where such codes are not in effect or where they do not cover special installations, the National Electrical Code shall govern.

(aa) All occupied areas shall be adequately lighted. Resident bedrooms shall have as a minimum a night light and for each bed a reading light. The outlet for general illuminatior and night light should be switched at the door. Switches in resident bedrooms should be of an approved mercury or equally quiet type.

(ab) A battery operated emergency light shall be available at all times at the charting desk or area.

(ac) Lighting fixtures shall be furnished for all lighting outlets. If ceiling lights are used in resident rooms, they shall be shielded.

(ad) Light switches in bathrooms shall be located four feet (4') or more from tubs or showers.

(ae) Artificial lighting shall be sufficient to light the entire room area. Exposed light bulbs shall not be used in resident rooms or areas frequented by residents such as bathrooms, dining rooms, recreation rooms, and corridors.

(af) A call system shall be provided to be recognizable at the charting area from each resident bed, resident toilet room and each bathtub or shower.

(ag) An inspection of the existing electrical system shall be made by a licensed electrician who shall certify that installation meets the requirements of the National Electrical Code.

(xiii) Ventilation.

(aa) Utility rooms, toilets, bathrooms, janitor closets and food storage rooms shall have adequate ventilation.

(ab) Kitchens and laundries which are located inside the building shall be vented by exhaust systems. It is recommended that it discharge into the air above the main roof or fifty feet (50') from any window.

The ventilation of these spaces shall comply with the state or local codes. If no codes apply, the air and work spaces should be exhausted at least once every six (6) minutes with the greater part of air being taken from the flatwork ironer, dryers, and range areas.

Air from the laundry sorting area shall be discharged with no recirculation.

Oxygen storage rooms shall comply with regulations set forth in the latest edition of National Fire Protection Standards No. 56.

(xiv) Plumbing. All plumbing shall comply with applicable local codes, National Plumbing Code and the Montana Plumbing Code.

(xv) Gas Piping and Appliances.

(aa) Gas piping and appliances shall be approved by the American Gas Association and shall be connected in accordance with the requirements of the utility company furnishing the gas.

(ab) Gas outlets shall not be provided in resident rooms.

(xvi) Elevators.

(aa) It is recommended, where practical, that elevators be installed if patient rooms are above the street level floor. If elevators are not installed, only those patients who can ascend and descend stairs without assistance may be housed above the street level floor.

(ab) Passenger elevators should have a platform size of not less than five feet four inches by eight feet (5'4" x 8').

(ac) Installation shall comply with all local and state codes, the American Safety Code for Elevators, National Board of Fire Underwriters and the National Electrical Code.

(xvii) Dumb Waiters. Installation of dumb waiters shall comply with all local and state codes, American Standard Safety Codes for Elevators, National Board of Fire Underwriters, and the National Electrical Code.

(9) Boarding Homes. A Boarding Home is a facility which primarily provides food, shelter, laundry or services incident thereto for four (4) or more aged, ambulatory individuals who are not in need of skilled nursing care or related medical services or personal care service, but who by reason of age and physical infirmity require shelter and boarding service.

It is not the intent of these rules to include hotels, motels, boarding houses or rooming houses operated primarily as such, unless included under these rules after review of the facts by the Board.

(a) Administration and Organization.

(i) The boarding home shall be organized and under a governing authority which assumes full legal responsibility for the overall conduct of the facility and which is responsible for the compliance with applicable laws of legally authorized agencies. The governing authority may be a proprietorship, partnership, association, corporation or governmental unit.

(ii) The governing authority shall appoint an operator who is qualified and delegate to him the internal operation of the facility in accordance with established policies.

(aa) The operator shall be at least twenty-one (21) years old, capable of making mature judgments and have no mental or physical disabilities or personality disturbances which interfere with carrying out his responsibilities.

(ab) The operator should have a minimum of a high school education. He should be capable of selecting and directing personnel and residents. It is recommended that this person have previous experience with elderly people.

(ac) All persons in a supervisory position shall be twenty-one (21) years of age or older. At no time shall a person under twenty-one (21) years of age be left in a responsible charge position.

(iii) The operator shall make available for inspection by the Board on request the quarterly report of paid employees as compiled for Social Security.

(b) Personnel Policies and Records.

(i) There are written personnel policies, practices and procedures that adequately support sound resident care.

(aa) Each employee shall furnish acceptable evidence of freedom from active pulmonary tuberculosis at the time of employment and annually thereafter. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray. A pre-employment and annual complete physical examination is recommended.

(ab) Hours of work, vacation time, pay and allowances and duties of the employee shall be established.

(ac) Persons employed in the boarding home shall have sufficient experience and qualifications to perform the type of work for which they are employed.

(ad) All persons employed in the home shall be of good physical and mental health, not habitual users of narcotics, drugs or alcohol.

(ae) No person with a communicable, contagious or infectious disease shall be employed in the boarding home.

(af) Any person showing signs of upper respiratory infection or other communicable, contagious or infectious disease shall be excluded from work until symptom free.

(ag) No employee shall resume work after using the toilet without first washing his hands with soap under hot and cold running water, and drying with an individual towel. Hand washing signs shall be posted in toilet rooms and lavatories used by employees. Dishwashing sinks shall not be used for handwashing purposes.

(ah) Any person having responsibility for the care of residents shall be mentally and physically capable and at least eighteen (18) years of age. The only exception to the age limitation shall be personnel sixteen (16) to eighteen (18) years of age if they work at all times under direct supervision.

(ii) Personnel records shall contain the following information:

(aa) Name, current address and telephone number;
(ab) Social Security number;
(ac) Date of birth;
(ad) References;
(ae) Work experience;
(af) Qualifications and education;
(ag) Results of any employment physical examination, including certification by a physician of freedom from active pulmonary tuberculosis;
(ah) Date of employment;
(ai) Position (type of work and hours on duty each day);
(aj) Date of termination of employment;
(ak) Reason for discharge or resignation.

(iii) Daily work schedules of employees shall be kept in writing for the previous three (3) month period showing the personnel on duty at any given time.

(iv) A record shall be kept of all accidents to employees sustained in the course of employment in accordance with the regulations established by the Industrial Accident Board.

(v) Required Staffing: There shall be someone in charge of the home at all times capable of providing assistance to the residents. There shall be additional personnel as necessary to provide the necessary services in the home.

(vi) The responsibilities of the person in charge shall be:

(aa) Supervision of all individuals giving service to the residents.
(ab) Daily observation of each resident.
(ac) Making a record of the details of any accident to a resident within or without the home.
(ad) Calling a physician when considered necessary.
(ae) Planning a program of recreation for the residents.
(af) Supervision of food service and notifying the dietary department of changes in dietary needs.

(vii) Separate buildings, or cottages, on the same grounds used by the same facility will not be licensed in this classification unless adequate personnel are available and can be summoned at all times by a positive hold-type nurses' call system between buildings or cottages. Doors in these areas shall be provided with locks that cannot be locked from the inside in order to allow entrance by attendants at all times.

(c) Admission, Transfer and Discharge.

(i) Admission Standards.

(aa) A resident shall be able to carry out all activities of daily living.

(ab) The residents shall be ambulatory, i.e., able to get from one place to another in safety without assistance from another person.

(ac) A resident shall require no guidance or supervision in administering any medication or treatment.

(ii) No home shall admit more residents than the number of beds stipulated on the license.

(iii) Operator of the boarding home shall be responsible for exercising discretion in the type of resident admitted to the facility. He shall not accept applicants for whom care cannot be provided in keeping with the applicant's mental or physical condition.

(iv) The operator shall require that each applicant furnish certification of freedom from active pulmonary tuberculosis at the time of admission and annually thereafter. If freedom from active pulmonary tuberculosis is determined by a tuberculin skin test, any positive reaction must be substantiated by a negative X-ray.

(v) The operator should encourage a physical examination of all applicants immediately prior to admission.

(vi) Persons requiring skilled nursing care or personal care shall not be admitted to boarding homes. Residents acquiring conditions after admission that require hospitalization, skilled nursing home care, personal care or administered medications shall be promptly transferred to the appropriate facility. A resident shall remain in a boarding home only as long as he can meet the standards for admission.

(vii) No woman requiring prenatal or maternity care shall be admitted to or retained in a boarding home.

(viii) Children under sixteen (16) years of age may be admitted to the boarding home if appropriate facilities and program are provided.

(ix) A home shall not accept or keep residents who are destructive of property, themselves or others or who have symptoms of mental or emotional problems.

(x) If a resident becomes disturbed and unmanageable, proceedings shall be initiated immediately for the transfer of the resident from the home to the proper facility.

(xi) A boarding home shall not refuse to discharge or transfer a resident when the physician, family, resident or sponsor requests this discharge or transfer.

(xii) The family or sponsors shall be notified promptly when the resident is removed from the boarding home.

(xiii) The home shall have a signed agreement with each resident or his sponsor covering all necessary arrangements should it be necessary to effect transfer.

(xiv) All personal property belonging to a resident must be returned to him on transfer or discharge.

(d) Miscellaneous Policies.

(i) Visiting Hours.

(aa) Boarding homes shall have convenient daily visiting hours both day and evening. The hours shall be prominently posted in plain view of visitors.

(ab) Spiritual advisors shall be permitted to visit residents at all reasonable hours. Privacy during these visits shall be the privilege of every resident.

(ac) Each resident shall be privileged to have privacy with his visitors, physician and other persons who have a responsibility for his welfare.

(ii) Each facility shall have at least one (1) non-coin operated telephone which is accessible at all times in case of an emergency. Residents shall have access to a telephone at a convenient location within the building.

(iii) The individual in charge of each work shift shall have in his possession keys to all doors.

(iv) Residents shall not be permitted to smoke in bed unless a responsible individual is present.

(v) Pets will be allowed only in recreational areas or in the patients' rooms and then only if restricted to a cage or a container.

(vi) Residents sharing a bedroom shall be of the same sex except the case of a room occupied by a husband and wife.

(vii) Residents of one sex shall not pass through a bedroom occupied by the opposite sex to reach a bathroom, living room, dining room, corridor or similar area.

(viii) There shall be a written agreement between the home and each resident or sponsor pertaining to cost of care, type of care and services provided and means of notifying the responsible party of significant changes in a resident's condition.

(ix) Residents shall receive their mail unopened. Outgoing mail written by residents shall not be censored.

(x) Failure to return valuables to a resident or his sponsor at the time of discharge, transfer or death or to refund the unused balance of a resident's personal account, or making a purchase on his account without the resident's consent or that of his sponsor constitutes misappropriation of property.

(xi) Prompt investigation of the cause of any accident involving a resident or an employee shall be instituted by the administration. Corrective measures indicated shall be adopted. A careful record shall be kept of all accidents.

(xii) A resident shall be permitted to leave the premises unless good cause can be shown for refusing such permission.

(xiii) The home shall provide a program of recreational and social activities.

(xiv) The home shall make adequate provisions for identification of residents' personal property and for safekeeping of valuables.

(xv) The operator shall assume the responsibility for seeing that each resident has an adequate supply of presentable clothing.

(xvi) No part of a premise licensed as a boarding home shall be utilized for any purpose other than the operation of the home as defined by these rules.

(xvii) The resident is entitled to services of a physician licensed to practice medicine in Montana. The resident or the sponsor acting in his behalf shall be permitted free choice of a physician. This physician shall be allowed to visit the resident as he deems necessary to assure adequate medical care.

(xviii) The physician shall be called at any indication of physical or mental illness of a resident.

(xix) Arrangements shall be made with a physician to be available for emergencies in the home in the event the resident's own physician cannot be reached.

(xx) Residents shall not be kept behind locked doors.

(e) Records.

(i) In the event of change in the management of the boarding home all resident records shall remain the property of the facility. These shall be kept in the home at all times and available to the staff.

(ii) Each resident record shall be composed of the following:

(aa) Admission record, including date of admission and discharge, name and address of resident, birth date, marital status, financial responsibility, church affiliation, name, telephone number and address of physician and person to be notified in an emergency.

(ab) A record of any physical examination, including disabilities and certification from a physician of freedom from active pulmonary tuberculosis.

(ac) In case of death, the required report shall include: date and time of death, immediate cause of death, physician's signature, name and address of next of kin or sponsor, signature of mortician removing the body.

(ad) An incident report shall be kept of all accidents and shall include the following: name and address of resident, resume and cause of accident, injuries sustained, time physician notified.

(ae) All information contained in the resident record is confidential and available only to authorized persons.

(iii) All resident records shall be retained for five (5) years after the last discharge date or until age twenty-six (26) of the resident, whichever is longer. In the event of death, records shall be kept for five (5) years after proof of death.

(iv) Prior to destroying any record, a summary card must be prepared containing the name of the resident; age; date of birth; admission and discharge; name of attending physician and next of kin or sponsor. The summary card shall be a permanent record of the facility.

(v) Provision shall be made for the safe storage of all records required by these rules. All records shall be checked for completeness prior to filing.

(vi) All reports and records shall be available to authorized persons of the Department having legal responsibility pertaining to the licensing of boarding homes.

(f) Reports.

(i) An annual report shall be submitted for the preceding calendar year's operation before February 1 on forms provided by the Department.

(ii) There shall be strict compliance with the rules of the Department for reportable diseases.

(g) Resident Prescription--Medications.

(i) All medications prescribed by the physician shall be self-administered or by a licensed professional nurse.

(ii) Stocking of drugs is prohibited.

(iii) All prescribed medications are the property of the resident. Unused, outdated and discontinued medication should be disposed of on advice of the attending physician. In case of death, unused medications shall not be retained in the home or given to any other resident. Unused narcotic prescriptions shall be returned to the dispenser or to the Bureau of Narcotics. (Reference: United States Treasury Department Joint Regulations of the Bureau of Narcotics and Internal Revenue Service, Regulation No. 5, Revised October, 1964, page 48.) All other prescriptions shall be returned to the next of kin or the prescribing physician or be destroyed by the administrator or his agent.

(h) Nutritional Requirements.

(i) Food served meets the nutritional needs of the patients in accordance with physicians' orders and to the extent medically possible meets the dietary recommendations of the Food and Nutritional Board of the National Research Council adjusted for age, sex and activity. The following daily guide is based on these allowances:

(aa) Milk--Two (2) or more cups served as beverage or used in cooking.

(ab) Meat group--Two (2) or more servings meat, fish, poultry, eggs, cheese, with dry beans, peas, nuts as alternates.

(ac) Vegetable and fruit group--Four (4) or more servings.

A citrus fruit or other fruit and vegetable important for vitamin C.

A dark green or deep yellow vegetable for vitamin A, at least every other day.

Other vegetables and fruits including potatoes.

(ad) Bread and cereal group--Four (4) or more servings of whole grain, enriched or restored.

(ae) Other foods to round out meals and snacks to satisfy individual appetites and provide additional calories.

(ii) All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption.

(iii) At least three (3) meals are served daily, at regular times with not more than a fourteen (14) hour span between a nutritious evening meal and breakfast.

(iv) If a four (4) or five (5) meal plan is in effect, the nutritional value provided is equivalent to the guide described.

(v) Therapeutic diets are prepared and served as prescribed by the attending physician.

(vi) A current diet manual shall be available to food service and other personnel concerned.

(vii) Personnel responsible for therapeutic diets should have received instruction in food values adequate to make appropriate substitutions when necessary.

(i) Food Service.

(i) Menus are written at least one (1) week in advance. The current menu is in one (1) or more accessible places in the dietary department for easy use by persons purchasing, preparing and serving food.

(ii) Records of menus as served are filed and maintained for thirty (30) days and may be reviewed by authorized persons.

(iii) Supplies of staple foods for a minimum of a one (1) week period and of perishable foods for a minimum of a two (2) day period are maintained on the premises.

(iv) Methods of food preparation used conserve nutritive value, flavor and appearance.

(v) A file of tested recipes adjusted to appropriate yield is maintained.

(vi) Food is cut, chopped or ground to meet individual needs.

(vii) Effective procedures are established to provide and maintain food at proper serving temperatures.

(viii) Table service is provided for all who can and will eat at a table. Tables should be of proper design to accommodate wheelchair patients.

(ix) Table and tray service shall be attractive with plastic or china dishes or sectioned plastic trays free of cracks, chips and stains.

(j) Maintenance, Housekeeping and Sanitation.

(i) Maintenance. Every home shall have an effective maintenance program and necessary staff to:

(aa) Keep the building in good repair and free of hazards such as cracks in floors, walls or ceilings, warped or loose boards, broken, loose or cracked floor coverings, loose or broken window panes and similar hazards.

(ab) Keep all electrical, mechanical, water supply, fire protection and sewage disposal systems in a safe, functioning condition. Electrical cords, outlets, switches and appliances shall be maintained in a safe condition.

(ac) Keep all plumbing fixtures in good repair, properly functioning and provided with protections to prevent contamination from entering the water supply.

(ad) Inspect the heating system regularly and make all necessary repairs to maintain it in a safe, functioning condition.

(ae) Maintain interior and exterior of the building as needed to keep it reasonably attractive. Loose, cracked or peeling wall paper or paint shall be promptly replaced or repaired to provide a satisfactory finish.

(af) Keep all furniture and furnishings attractive and in good repair.

(ag) Keep the grounds and other buildings in a safe, sanitary and presentable condition. Grounds shall be kept free of insect and rodent breeding areas.

(ii) Housekeeping. Every home shall have an effective housekeeping program and necessary staff to:

(aa) Maintain the building in a clean, safe and orderly condition using accepted practices and procedures.

(ab) Keep all rooms and corridors clean and arranged in an orderly fashion. This includes food preparation, storage and serving areas.

(ac) Keep floors clean, slip proof, free from throw or scatter rugs and other tripping hazards.

(ad) Control odors by cleanliness and proper ventilation. Deodorant shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.

(ae) Keep storage areas, attics, basements and similar areas free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment and similar items.

(af) Keep the home free of unnecessary accumulations of equipment and supplies including possessions of residents and staff.

(ag) Prohibit use of bathtubs, shower stalls, or lavatories for laundering, janitorial or storage purposes.

(iii) Food Handling Sanitation.

(aa) Every home shall substantially comply with the Regulation for Food Service Establishments as adopted January 1, 1966, by the Board, Division of Environmental Sanitation.

(ab) All food, while being stored, prepared, displayed, served or transported, shall be protected against contamination from dust, flies, rodents and other vermin. It shall be protected from unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage.

(ac) Food handling personnel shall be trained in basic food sanitation techniques.

(ad) Clothing worn shall be clean and easily washable. To cover hair completely, hair nets must be worn by women and paper or cloth caps by men.

(ae) Anyone affected by infections shall be excluded from duty.

(af) Adequate handwashing facilities including hot and cold water, soap and individual paper towels shall be provided within the kitchen area.

(ag) There shall be an adequate number of dishes, glassware and silverware of a satisfactory type to serve all residents in the home one (1) meal.

(ah) All perishable food shall be stored at safe temperatures (forty-five degrees Fahrenheit (45° F.) or below). Cooked foods being held for serving later shall be maintained at a temperature of one hundred forty degrees Fahrenheit (140° F.) or higher. These temperatures will be maintained except during necessary periods of preparation and service.

(ai) All staple foods shall be stored on racks or shelves off the floor in a ventilated room and protected from contamination.

(aj) All garbage not mechanically disposed of shall be kept in suitable containers pending removal. All cans, trash and other waste materials shall be stored in a covered container. The garbage and trash shall be removed from the premises as frequently as necessary to prevent nuisance and unsightliness.

(ak) Effective procedures for cleaning all equipment and work areas are followed consistently.

(al) A three (3) compartment sink shall be provided and used for manual washing and sanitizing of equipment and utensils.

(am) All tableware washed by spray-type machine shall be washed with water at a temperature of one hundred forty degrees Fahrenheit to one hundred sixty degrees Fahrenheit (140° F. - 160° F.) and rinsed by clean water of at least one hundred eighty degrees Fahrenheit (180° F.).

(an) All tableware shall be allowed to air dry. No drying cloths shall be used.

(ao) All dishes, silverware and cooking utensils shall be stored above the floor in a clean, dry place protected from flies, splash, dust and other contaminants.

(ap) The kitchen should be located so it will not be used as a passageway by residents or nonfood handling staff.

(aq) Space in the kitchen should not be used for serving meals to either residents or staff, including food service staff.

(ar) The use of tobacco shall be prohibited in food preparation areas.

(as) None of the operations connected with food preparation shall be conducted in a room used for living, sleeping or laundry purposes.

(at) All poisonous compounds shall be used with extreme caution and compounds harmless to humans should be substituted whenever possible. Poisonous compounds shall not be stored in kitchens or food preparation areas.

(iv) Laundry Service.

(aa) Unless a commercial laundry service is used, clean and soiled laundry operations shall be functionally separate in an adequately equipped laundry area.

(ab) The minimum temperature of water used in the laundry shall be one hundred eighty degrees Fahrenheit (180° F.).

(ac) Linen shall be dried in equipment which utilizes a high drying temperature.

(ad) Storage of soiled linen should be arranged to prevent odors in the home. Suitable containers shall be provided for all soiled linen. Bagging is recommended.

(v) Garbage Disposal. All garbage shall be stored and disposed of in a manner that will not permit the transmission of contagious diseases, create a nuisance, or provide a breeding place for flies. All containers for garbage should be watertight, have tight fitting covers and be rodent proof. Containers shall be thoroughly scrubbed.

(k) Water Supply and Sewerage Disposal.

(i) Water Supply.

(aa) The home shall be served by water from a public water supply if available.

(ab) When a public water supply is not available, a private water supply may be utilized, if approved by the Department and if it is in accordance with the requirements of the state Sanitary Code.

(ac) The water supply shall be adequate in quantity and delivered under sufficient pressure to satisfactorily serve the home.

(ad) Plans for any private water supply must be reviewed and approved by the Board before construction is started.

(ii) Sewerage System.

(aa) All sewage and liquid waste shall be disposed of in the public sewerage system, if available.

(ab) Where a public sewerage system is not available, sewage and liquid waste shall be collected, treated and disposed of in private treatment facilities, the construction, maintenance, and operation of which must be approved by the Department.

(ac) Plans for any proposed disposal system must be approved by the Department before construction is started.

(l) Furnishings, Equipment and Supplies.

(i) Furnishings.

(aa) Living rooms for resident use shall be provided with a sufficient number of reading lamps, tables, chairs and sofas of satisfactory design.

(ab) Each bed shall be provided with satisfactory type springs in good repair and a clean, firm, comfortable mattress standard in size for the bed. Each bed shall have at least one (1) comfortable pillow. There shall be additional pillows available in the facility to satisfactorily serve all needs of the resident.

(ac) Mattresses shall be kept clean and in good repair.

(ad) Each resident shall have a bedside table or its equivalent with a drawer and a washable top. There shall be an individual towel rack and a comfortable chair for each resident in his room. Each resident shall be provided with adequate private drawer and wardrobe or closet space for clothing in the room.

(ae) A reading lamp or equivalent shall be provided for each resident.

(af) Each bedroom shall be provided with a mirror.

(ag) Each bedroom shall have clean, flame-resistant window shades or equivalent in good repair.

(ah) Dining room furnishings shall be well constructed and of satisfactory design.

(ii) Equipment and Supplies.

(aa) There shall be flame-resistant curtains in each multiple-bed room to insure privacy for residents.

(ab) Linen:

There shall be an adequate supply of linen and other bedding according to the number of residents accepted by the home. Each bed shall be completely changed weekly or as often as necessary.

Sufficient lightweight blankets shall be provided to assure warmth for each resident, shall be available as needed, and laundered as often as necessary to assure cleanliness and freedom from odors.

Bedspreads: There shall be a clean washable spread for each bed.

Towels and washcloths: Residents shall be supplied at all times with a clean bath towel and washcloth. They shall be changed at least two (2) times a week.

Towels for common use shall not be permitted.

(ac) Adequate and convenient storage space on each resident floor shall be provided for linens, pillows and bedding.

(ad) There shall be cleaning equipment properly maintained and in sufficient quantity to meet the housekeeping needs of the home.

(ae) There shall be a paper towel dispenser at each lavatory with an available supply of dispensable soap.

(af) All equipment, including beds, shall be thoroughly cleaned and sanitized between occupancies.

(m) Buildings and Grounds--Existing Boarding Homes.

(i) Location.

(aa) Every home located within the corporate limits of a municipality shall comply with all local ordinances.

(ab) Every home located outside the corporate limits of a municipality shall have fire and police protection.

(ii) Building--General. Every existing home shall meet the following requirements:

(aa) Be structurally sound, clean, sanitary and in good repair.

(ab) Floors and base of the following areas shall have smooth, easily cleaned, moisture resistant, resilient flooring, or ceramic flooring: Toilets, baths, janitor closets, dining rooms, recreation and resident rooms. Carpeting may be installed at the discretion of the operator.

(ac) Walls and ceilings shall be kept in good repair, free from cracks or holes and be of a type of finish that can be satisfactorily cleaned.

(ad) All windows shall be in good repair, fit snugly and open and close easily.

(ae) A centralized heating system shall be provided capable of maintaining a minimum temperature of seventy-eight degrees Fahrenheit (78° F.) in all occupied areas when the outside temperature is a minus twenty degrees Fahrenheit (-20° F.).

(af) Existing space heaters may be used if vented from the outside and if approved as to type and installation by the state fire marshal or local fire official. Unvented gas heaters and space heaters using room air for combustion shall not be permitted.

(ag) Protection from open flames and hot surfaces shall be provided.

(ah) All stairways and ramps shall be provided with sturdy handrails on both sides for their full length. All outside open stairwells shall be protected with gates or guards to prevent accidents. All stairways shall be provided with non-skid tread.

(ai) Handrails equipped with returns are required on both sides of corridors used by residents.

(aj) Telephone alcoves shall be a minimum of four (4) square feet. Phones shall be located at a level convenient for residents. Doors to telephone alcoves are not recommended.

(ak) Every home and every part thereof shall be kept clean, free of accumulations of dirt, trash, rubbish, garbage and shall be kept odor free.

(al) Be so constructed and maintained as to prevent the entrance and harborage of rats, mice, insects, flies or other vermin.

(am) Ceilings of boiler rooms, kitchens, and laundry shall be adequately insulated when the floor directly above them is used.

(an) All homes of non-fire resistive construction, of two (2) or more stories, with ten (10) or more residents shall install an automatic sprinkler system acceptable to the State Fire Marshal.

(ao) All doors through which residents will pass shall be at least thirty inches (30") wide. Wider doors are desirable. All doors opening into the corridor shall be of solid wood or metal having a one (1) hour fire resistive rating. No doors shall swing into the corridor except closet doors.

(ap) Corridor widths of not less than thirty-six inches (36") shall be provided with wider corridors desirable.

(aq) The width of stairways shall not be less than three feet (3').

(ar) Adequate parking space shall be available.

(iii) Resident Bedrooms. Every existing home shall meet the following requirements:

(aa) Each single bedroom shall have at least one hundred (100) square feet of usable floor area exclusive of vestibules, toilet rooms, and built-in drawers, closets or wardrobes.

(ab) Each multiple-bed room shall have at least eighty (80) square feet usable floor area for each bed exclusive of vestibules, toilet rooms, and built-in drawers, closets or wardrobes. There shall be three feet (3') minimum space between each bed and two feet (2') minimum space between a bed and the wall.

(ac) No resident room shall have more than four (4) beds. Not more than two (2) beds per resident room is recommended.

(ad) No bedroom shall have a ceiling height of less than eight feet (8').

(ae) No room which opens into the kitchen shall be used as a bedroom.

(af) No room shall be used as a bedroom if this requires passing through a kitchen to reach the bathroom, living room or out-of-doors.

(ag) Each room used as a bedroom shall have at least one (1) outside window.

(ah) Each bedroom shall have an adequate clothes closet or wardrobe.

(ai) Each bedroom shall have a lavatory with hot and cold running water unless provided in an adjoining bathroom or toilet facility.

(aj) Each bedroom shall have adequate and satisfactory artificial light and be equipped with at least one (1) duplex electric outlet for each bed. There shall be an electric switch in each bedroom near the entrance to control at least one (1) light in the room. Exposed wiring shall be enclosed in conduit. All wiring shall be in compliance with the National Electrical Code and be certified by a licensed electrician. Extension cords shall not be allowed.

(ak) Residents shall be housed only in rooms designated as bedrooms by the licensing authority. Rooms in which residents are housed shall be used for no other purpose.

(al) Beds or other furniture shall not be placed so as to obstruct passage to corridors or exits.

(am) No resident bedrooms shall be below grade.

(an) No part of any room shall be enclosed or subdivided unless such part be separately lighted and ventilated.

(ao) Resident beds shall not be placed in any area other than approved bedrooms.

(iv) Bath and Toilet Rooms. Every existing home shall meet the following requirements:

(aa) Provide separate bathrooms for each sex at a minimum of one (1) bath or shower for each ten (10) beds. Grab bars shall be provided at each bathtub and shower.

(ab) A toilet room for each sex at a ratio of one (1) water closet to each eight (8) beds shall be provided. Toilet rooms shall have grab bars.

(ac) Showers should be approximately four feet (4') square and shall have grab bars and curtains. Curbs shall be omitted.

(ad) No toilet rooms shall open directly into a kitchen, food preparation or storage room. Neither shall it be so located that the resident must pass through any of the above areas to enter the toilet room.

(ae) All bath and toilet rooms shall be easily accessible and conveniently located. They shall be vented to the outside either by windows that can be opened or by an exhaust fan.

(af) Bathroom fixtures shall be of substantial construction, in good repair and designed so that they may be cleaned satisfactorily.

(ag) Each toilet and bathroom shall be adequately lighted, have a light switch just inside or outside the door and be provided with a mirror for each lavatory.

(ah) Partial partitions or cubicle curtains shall be installed to provide privacy for each resident when there is more than one (1) in a room.

(ai) Bathrooms and lavatories shall not be used for cleaning, storing or drying soiled linen or cleaning equipment.

(aj) Toilet seats shall have waterproof finish.

(v) Living, Dining and Recreation Areas. The home shall provide a comfortable area well-furnished and well-lighted for the use of residents. Under no circumstances shall the living room be used as a bedroom.

(aa) The living, dining or recreation area shall be large enough to provide necessary space for the activities of the residents. This shall be an outside room conveniently located.

(ab) Dining area shall be well-lighted and large enough to accommodate all residents.

(ac) The total floor area for dining, living and recreation rooms shall not be less than twenty (20) square feet for each resident bed.

(vi) Janitor Closet. A janitor's closet should be provided for each service area. The closet should be equipped with hot and cold running water, a service sink and adequate storage space for supplies and equipment. A floor type sink is recommended.

(vii) Kitchen. Every existing home shall meet the following requirements:

(aa) A kitchen shall be provided properly located for efficient food service large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. The kitchen area, not including food storage areas should be approximately ten (10) square feet for each resident bed served.

(ab) Floor surfaces in the kitchen and in all other rooms and areas in which food is stored, prepared or in which utensils are washed shall be of smooth nonabsorbent materials and so constructed as to be easily cleaned. All floors shall be kept clean and in good repair. Floor drains should be provided in all rooms where floors are subjected to flooding-type cleaning or where normal operations release or discharge water or other liquids.

(ac) All walls of areas in which food is prepared shall be nonabsorbent, cleanable, smooth and in good repair.

(ad) All exterior openings shall be effectively protected against flies during fly season.

(ae) Adequate handwashing facilities shall be provided including hot and cold running water, dispensable soap and disposable towels.

(af) Toilet and bathing facilities shall not open directly into food preparation areas.

(ag) Kitchen should prevent all traffic except that necessary for receiving, preparing and serving of food.

(ah) Adequate artificial light shall be provided in food service areas.

(ai) An adequate supply of hot and cold running water under pressure shall be available to rooms in which food is prepared.

(aj) Dishwashing procedure and equipment must comply with the Regulation for Food Service Establishments as adopted by the Division of Environmental Sanitation of the Board on January 1, 1966.

(viii) Storage Space. Every existing home shall provide storage space for supplies, personal possessions of residents and staff, linen and similar items.

(ix) Laundry Rooms. The laundry area in existing homes shall meet the following requirements:

(aa) The area shall be so located that it does not require passing through a kitchen, bedroom or toilet room to process the laundry.

(ab) Laundry equipment shall not be located in a bedroom, toilet room, bathroom or kitchen.

(ac) Service door and corridor dimensions shall be sufficient to allow for the passage of equipment and supplies.

(ad) When laundry chutes are used, they shall be a minimum of two (2) hour fire resistive construction with self-closing doors equipped with a positive latch at the top. They shall be provided with a flushing ring, vented to outside atmosphere and have a floor drain and an automatic sprinkler shall be provided at the top of the chute and at the point of discharge.

(ae) The following facilities shall be provided when the laundry is done commercially:

Adequate space for sorting, processing and storing soiled linen.

Storage space located to facilitate convenient pickup and deliveries.

Separate storage facilities for clean linen.

(x) Office Space. Each existing boarding home shall provide adequate office space to meet the needs of the home.

(xi) Electrical Requirements. All electrical equipment and systems shall be in accordance with applicable local codes and regulations. Where such codes are not in effect or where they do not cover special installations, the National Electrical Code shall govern.

(aa) All occupied areas shall be adequately lighted. Resident bedrooms shall have as a minimum a night light and for each bed a reading light. The outlet for general illumination and night light should be switched at the door. Switches in resident rooms should be of an approved mercury or equally quiet type.

(ab) A battery operated emergency light shall be available at all times.

(ac) Lighting fixtures shall be furnished for all lighting outlets. If ceiling lights are used in resident rooms, they shall be shielded.

(ad) Switches in bathrooms shall be located four feet (4') or more from tubs or showers.

(ae) Artificial lighting shall be sufficient to light the entire room area. Exposed light bulbs shall not be used in resident rooms or areas frequented by residents, such as bathrooms, dining rooms, recreation rooms and corridors.

(af) An inspection of the existing electrical system shall be made by a licensed electrician who shall certify that installation meets the requirements of the National Electrical Code.

(xii) Ventilation.

(aa) Utility rooms, toilets, bathrooms, janitor closets and food storage rooms shall have adequate ventilation.

(ab) Kitchens and laundries which are located inside the building shall be ventilated by exhaust systems. It is recommended that they discharge the air above the main roof or fifty feet (50') from any window.

The ventilation of these spaces shall comply with the state or local codes. If no codes apply, the air and work spaces should be exhausted at least once every six (6) minutes with the greater part of the air being taken from the flatwork ironer, dryer and range areas.

Air from the laundry sorting area shall be discharged with no recirculation.

(xiii) Plumbing. All plumbing shall comply with applicable local codes, National Plumbing Code and the Montana Plumbing Code.

(xiv) Gas Piping and Appliances. Gas piping and appliances shall be approved by the American Gas Association and shall be connected in accordance with the requirements of the utility company furnishing the gas. Gas outlets shall not be provided in resident rooms.

(xv) Elevators.

(aa) It is recommended, where practical, that elevators be installed if patient rooms are above the street level floor. If elevators are not installed, only those patients who can ascend and descend stairs without assistance may be housed above the street level floor.

(ab) Passenger elevators shall have a platform size adequate to accommodate wheelchair and attendant.

(ac) Installation shall comply with all local and state codes, the American Safety Code for Elevators, National Board of Fire Underwriters and the National Electrical Code.

(xvi) Dumb Waiters. Installation of dumb waiters shall comply with all local and state codes, American Standard Safety Codes for Elevators, National Board of Fire Underwriters and the National Electrical Code.

(10) Denial, Suspension or Revocation of License--Procedure. If a license is denied, suspended, or revoked, the procedure is:

(a) Notice is given by registered mail or personal service to the applicant or licensee stating the reason for the proposed action and specifying a date, not less than fifteen (15) days after mailing or service, for a hearing before the Board.

(b) Witnesses may be subpoenaed by either party.

(c) In accordance with rules adopted by the Board, a hearing is held before the Board.

(d) A full and complete record shall be kept of all proceedings, but need not be transcribed unless the decision is appealed to the district court.

(e) On the basis of the hearing, or default of the applicant, the Board shall make findings of fact and conclusions of law.

(f) The applicant or licensee shall be notified by registered mail or personal service of the Board's decision.

(g) The decision of the Board is final thirty (30) days after it is mailed or served unless the applicant or licensee comenses an action in the district court to appeal the decision.

(h) A copy of the transcript of any hearing may be obtained by any person on payment of the costs of preparing the copy.

(11) Review of Decision of the State Board of Health. If any applicant or licensee is aggrieved by the decision of the Board after the hearing provided in Section 69-5210, the procedure is:

(a) Before the thirty-first (31st) day after mailing or service of the Board's decision, the applicant or licensee shall file a complaint in the district court where the facility is located or will be located.

(b) Summons shall be issued, and proceedings shall be conducted as in the case of other civil actions.

(c) The Board shall file a certified copy of the record and decision from the hearing with the court upon filing its answer to the complaint.

(d) Findings of fact by the Board shall be conclusive unless substantially contrary to the evidence, or unless in conflict with law.

(e) The court may remand the case to the Board for further evidence if good cause is shown.

(f) On rehearing the Board may affirm, reverse or modify its decision.

(g) The court may affirm, reverse, or modify the rehearing decision of the Board.

(h) Either party may appeal the final decision of the district court.

(i) Pending final disposition of a matter appealed, the status quo of the applicant or licensee shall be preserved unless the court orders otherwise. (History: Sec. 69-5213, R.C.M. 1947; Order MAC No. 16-1; Adp. 12/31/72; Eff. 12/31/72.)

16-2.22(1)-S2221 COMMUNITY HOME FOR THE DEVELOPMENTALLY DISABLED, LICENSING (1) General. A community home for the developmentally disabled is a facility designated to meet the needs of developmentally disabled persons who are not in need of nursing care. The home is primarily family and socially oriented. Services shall include a program of recreational and/or occupational activities. Residents shall be encouraged to be active, to develop techniques for self help, and be stimulated to develop hobbies and interests.

(2) Administration.

(a) Organization.

(i) The community home for the developmentally disabled shall be organized and under a governing authority which assumes full legal responsibility for the overall conduct of the facility. The governing authority may be an individual, partnership, association, corporation or governmental unit.

(ii) The governing authority may serve as administrator or shall appoint an administrator who is qualified and delegate to him the internal operation of the facility in accordance with established policies.

(aa) The administrator shall be capable of making mature judgments and have no relevant disabilities which interfere with carrying out his responsibilities.

(ab) The administrator's employment shall be based upon his or her qualifications and abilities. There shall be no discrimination because of sex, color, creed, ethnic or national origin.

(b) Personnel policies and records.

(i) There are written personnel policies, practices and procedures that adequately support sound resident care.

(aa) All personnel shall furnish acceptable medical evidence of freedom from communicable and infectious diseases at the time of employment and annually thereafter.

(ab) Hours of work, vacation time, pay and allowances and duties of the employee shall be established.

(ii) A record shall be kept of all accidents to employees sustained in the course of employment in accordance with the regulations established by the Industrial Accident Board.

(iii) Required staffing: There shall be someone in charge, e.g., house parent, of the home at all times capable of providing assistance to the residents. There shall be additional personnel as necessary to provide the necessary services in the home.

(iv) The responsibilities of the person in charge shall be:

(aa) Supervision of all individuals giving service to the residents.

(ab) Objective observation of each resident.

(ac) Making a record of the details of any accident to a resident within or without the home.

(ad) Calling the resident's attending physician when considered necessary.

(ae) Assuring a program of recreation for the residents.

(af) Supervision of meals.

(c) Admission, transfer, and discharge.

(i) Admission standards:

(aa) A resident shall be able to enjoy residential accommodations which meet his needs and participate in training and educational programs.

(ab) The residents shall be reasonably mobile.

(ac) A resident shall require only guidance or supervision with self-administered medication or treatment.

(ii) The administrator and the governing authority of a community home for the developmentally disabled, together with the placing agency, shall be responsible for exercising discretion in determining the residents to be admitted to the facility.

(iii) The administrator shall require that each applicant is medically determined to be free of communicable and infectious diseases at the time of admission and annually thereafter.

(iv) If there should be a change in health or behavior of such proportion to make a change in living arrangements necessary, this should be done in consultation with the administrator, placing agency worker, the resident, and/or family or guardian.

(v) The family and placing agency shall be consulted promptly if removal from the home is deemed desirable.

(vi) The home shall have a signed agreement with each resident and/or his placing agency covering all necessary arrangements should it be necessary to effect transfer.

(vii) All personal property belonging to a resident must be returned to him on transfer or discharge.

(3) Records and reports.

(a) Records.

(i) In the event of change in the management of the community home for the developmentally disabled, all resident records shall remain the property of the facility. These shall be kept in the home at all times and available to the staff. The record is the property of the client. Records must be available to parents and clients upon demand. Records therefore should record objective data and observable behaviors rather than inferences, assumptions, and interpretations that may not be defensible.

(ii) Each resident record shall be composed of the following:

(aa) Admission record, including date of admission and discharge; name and address of resident; birthdate; marital status; financial responsibility; religious affiliation; age of onset of disability; name, telephone number and address of the physician and person to be notified in an emergency.

(ab) A record of any medical determination.

(ac) An incident report shall be kept of all accidents and shall include the following: Name and address of resident, resume and cause of accident, injuries sustained, time physician notified.

(ad) Objective observations, recording of significant occurrences, and the recording of at least monthly progress notes.

(ae) All information contained in the resident record is confidential and available only to authorized persons.

(iii) The disposition of resident records shall be as follows:

(aa) All resident records shall be returned to the placement agency after discharge or death of the resident.

(ab) In the case of private placement, all resident records shall be retained for ten (10) years after the last discharge date or proof of death.

(iv) Prior to returning to the placement agency or to destroying any record, a summary must be prepared containing the name of the resident; age; date of birth; admission, and discharge; name of attending physician and next of kin or sponsor. The summary shall be a permanent record of the facility.

(v) Provision shall be made for the safe storage of all records required by these rules. All records shall be checked for completeness prior to filing.

(vi) All reports and records shall be available to authorized agents of state government having legal responsibility pertaining to the licensing or supervision of community homes for the developmentally disabled.

(4) Resident prescription.

(a) Medications.

(i) All medications prescribed by the physician shall be self-administered under supervision of a responsible person.

(ii) Stocking of drugs is prohibited.

(iii) All prescribed medications are the property of the resident and may be stored by the administrator. Unused, outdated and discontinued medication shall be disposed of on adfice of the attending physician. In case of death, unused prescriptions shall not be retained in the home or given to any other resident but shall be returned to the dispenser.

(5) Dietary services.

(a) Nutritional requirements.

(i) Food served shall meet the nutritional needs of the residents in accordance with recommendations of the Food and Nutritional Board of the National Research Council adjusted for age, sex, and activity. Consultation, for assistance, of nutritionist or dietitian is recommended.

(ii) Therapeutic diets shall be prepared and served if prescribed by the attending physician.

(6) Maintenance, housekeeping, and sanitation.

(a) Maintenance. Every home shall have an effective maintenance program to:

(i) Keep the building in good repair and free of hazards such as cracks in floors, walls or ceilings; warped or loose boards; broken, loose or cracked floor coverings; loose or broken windowpanes and similar hazards.

(ii) Keep all electrical, mechanical, water supply, fire protection and sewage disposal systems in a safe, functioning condition. Electrical cords, outlets, switches and appliances shall be maintained in a safe condition.

(iii) Keep all plumbing fixtures in good repair, properly functioning and provided with protections to prevent contamination from entering the water supply.

(iv) Inspect the heating system regularly and make all necessary repairs to maintain it in a safe, functioning condition.

(v) Maintain interior and exterior of the building as needed to keep it reasonably attractive. Loose, cracked or peeling wallpaper or paint shall be promptly replaced or repaired to provide a satisfactory finish.

(vi) Keep all furniture and furnishings attractive and in good repair.

(vii) Keep the grounds and other buildings in a safe, sanitary and presentable condition. Grounds shall be kept free of insect and rodent breeding areas.

(b) Housekeeping. Every home shall have an effective housekeeping program to:

(i) Maintain the building in a clean, safe and orderly condition using accepted practices and procedures.

(ii) Keep all rooms and corridors clean and arranged in an orderly fashion. This includes food preparation, storage and serving areas.

(iii) Keep floors clean, slip-proof, free from throw or scatter rugs and other tripping hazards.

(iv) Control odors by cleanliness and proper ventilation. Deodorant shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping practices.

(v) Keep storage areas, attics, basements and similar areas free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment and similar items.

(vi) Keep the home free of unnecessary accumulations of equipment and supplies including possessions of residents and staff.

(c) Food handling sanitation.

(i) All poisonous compounds shall be used with extreme caution and compounds harmless to humans should be substituted whenever possible. Poisonous compounds shall not be stored in kitchens or food preparation areas.

(ii) Effective procedures shall be established for the storage, preparation, and cleaning of food and food handling items by the governing body or administrator.

(d) Laundry service.

(i) If an outside laundry service is not used, the handling of soiled linen will be away from any clean linen. The washing machine and sorting area should be as removed as possible from the dryer and folding operation. Physical separation is desirable but if exhaust fans are used, the air should pass from clean linen over soiled linen.

(ii) Optimum water temperature should be 120° F. If no-iron linens are used, effective sanitizing action may be obtained by using soft bleach. If regular cotton sheets are used, bleach will be the sanitizing agent. Soaps used for washing must be applied according to the manufacturer's directions.

(iii) The dryer should not be overloaded to insure sanitizing action by drying and not heat.

(e) Garbage disposal.

(i) All garbage shall be stored and disposed of in a manner that will not permit the transmission of contagious diseases, create a nuisance, or provide a breeding place for flies. All containers for garbage should be watertight, have tight-fitting covers and be rodent proof. Containers shall be thoroughly scrubbed.

(7) Water supply and sewerage disposal.

(a) Water supply.

(i) Where a public supply of water of satisfactory quantity and pressure is available, connection shall be made thereto and its supply used exclusively.

(ii) If a public supply is not available, a private water supply system may be developed and used as approved by the Department of Health and Environmental Sciences.

(aa) No well casing shall terminate in any pit or space extending below ground level. All well casings shall be properly sealed and shall terminate above the ground level by at least one foot.

(ab) The local sanitarian should be contacted to make the water test. Water samples shall be submitted for testing at least once monthly and, where conditions demand, twice monthly.

(b) Sewerage system.

(i) All sewage and liquid waste shall be disposed of in the public sewerage system, if available.

(ii) Where a public sewerage system is not available, sewage and liquid waste shall be collected, treated and disposed of in private treatment facilities, the construction, maintenance, and operation of which must be approved by the Department of Health and Environmental Sciences.

(iii) Plans for any proposed disposal system must be approved by the Department of Health and Environmental Sciences before construction is started.

(8) Furnishings, equipment, and supplies.

(a) Furnishings.

(i) Living rooms for resident use shall be provided with a sufficient number of reading lamps, tables, chairs, and sofas of satisfactory design.

(ii) Each resident shall have his own bed which shall be provided with satisfactory type springs in good repair and a clean, firm, comfortable mattress standard in size for the bed. Each bed shall have at least one comfortable pillow. There shall be additional pillows available in the facility to satisfactorily serve all needs of the residents.

(iii) Each resident shall have a bedside table or its equivalent with a drawer and a washable top. Each resident shall be provided with adequate private drawer and wardrobe or closet space for clothing in the room.

(iv) A reading lamp or equivalent shall be provided for each resident.

(v) Each bedroom should be provided with a mirror.

(vi) Each bedroom shall have clean, flame-resistant window shades or equivalent in good repair.

(vii) Dining room furnishings shall be well constructed and of satisfactory design.

(b) Equipment and supplies.

(i) Linen. There shall be an adequate supply of linen and other bedding according to the number of residents accepted by the home. Each bed shall be completely changed weekly or as often as necessary.

(ii) Blankets. Sufficient lightweight blankets shall be provided to assure warmth for each resident, shall be available as needed, and laundered as often as necessary to assure cleanliness and freedom from odors.

(iii) Bedspreads. There shall be a clean washable spread for each bed.

(iv) Towels and washcloths. Residents shall be supplied at all times with a clean bath towel and washcloth. They shall be changed at least two times a week.

(v) Towels for common use shall not be permitted.

(vi) Adequate and convenient storage space shall be provided for linens, pillows and bedding.

(vii) There shall be cleaning equipment properly maintained and in sufficient quantity to meet housekeeping needs of the home.

(viii) It is recommended that there be a paper towel dispenser at each lavatory with an adequate supply of dispensable soap.

(ix) All equipment, including beds, shall be thoroughly cleaned and sanitized between occupancies.

(9) Building and grounds.

(a) Location.

(i) Every community home for the developmentally disabled located within the corporate limits of a municipality shall comply with all local ordinances except as provided by statute.

(ii) Every community home for the developmentally disabled located outside the corporate limits of a municipality shall have fire and police protection.

(b) Building -- general. Every community home for the developmentally disabled shall meet the following requirements:

(i) It shall be in compliance with the National Electrical Code and be certified by a licensed electrician.

(ii) All plumbing shall comply with applicable local codes, National Plumbing Code and the Montana Plumbing Code.

(iii) Gas piping and appliances shall be approved by the American Gas Association and shall be connected in accordance with the requirements of the utility company furnishing the gas.

(iv) Any existing elevators or dumbwaiters shall comply with all local and state codes.

(v) All stairways and ramps shall be provided with sturdy handrails on one side for their full length. All stairways shall be provided with non-skid tread.

(vi) Windows in living and sleeping rooms are required and shall be no more than 48 inches above the floor. Game or recreation rooms are excluded from this requirement.

(vii) Each floor used for living or sleeping purposes shall be provided with a toilet.

(viii) Each sleeping floor shall be provided with a bath.

(ix) Each bedroom or toilet should open directly into a corridor or common use area such as a living room.

(x) No resident not fully ambulatory shall be housed in other than street level bedrooms.

(c) Required fire safety standards. In addition to these rules, community homes for the developmentally disabled shall conform to the Life Safety Code of 1967, Sections 11-5 and 11-6, as adopted by the State Fire Marshal, as well as local fire and building codes except where modified below.

(i) Heating shall be by a central heating plant, enclsoed in a separate room or cubicle composed of one-hour fire resistant construction. Exception: A single fixed space heater may be used on one-story dwellings, provided it is surrounded by a suitable barrier to prevent contact by residents and is so located as to not obstruct egress.

(ii) Basement furnaces need not be enclosed if the area is not used and is separated from the rest of the dwelling by a substantial door at the top of the stairs. This door shall be of at least 1 3/4 inch solid core construction.

(iii) No portable electric or unvented fuel-fired devices are allowed under any circumstances.

(iv) No extension cords shall be used and all appliance and lamp cords shall be suitably protected to prevent pulling.

(v) Every closet door latch shall be such that residents can open the door from inside the closet.

(vi) Residents shall not be kept behind locked doors. The exit doors of the home shall be equipped with latches so that they can be locked on the outside but can be easily opened from the inside.

(vii) Every bathroom door lock shall be designed to permit the opening of the locked door from the outside in an emergency.

(viii) No Class One flammable liquids shall be kept in the building and all other flammable or poisonous materials must be kept in locked metal cabinets.

(ix) Fire drills shall be held at sufficient intervals to insure orderly evacuation. All required means of egress shall be used at various drills to test adequacy. Residents unable to exit without assistance shall not be kept above the first floor. Fire drills must be held at least six times per year.

(x) All patient rooms shall have access to at least one exit without having to pass through intervening rooms capable of being locked.

(xi) All patient rooms not having access to two exits shall have at least one window which can be readily used for rescue or ventilation. All windows will be such that they can be opened without any special tools.

(xii) All second stories shall have at least two exits as remote from each other as possible. At least one shall lead directly to the outside. Basements used for group occupancy, residents or group recreation shall have an outside exit.

(xiii) Bedrooms are allowed above the second floor if the dwelling is of at least two-hour, fire-resistive construction.

(xiv) All interior stairways shall be enclosed by one-hour fire resistant construction.

(xv) Corridors and other means of egress shall be separated from the rest of the building by one-hour construction. Exception: Not required in one story buildings where each room has a door leading directly to the outside.

(xvi) Interior finish of corridors, stairways and other means of egress shall have a flame spread rating of 75 or less.

(xvii) Interior finish of rooms shall have a flame spread rating of 75 or less. Floor coverings shall not be of cotton or rayon construction.

(xviii) Exits shall be so arranged that at least two separate exits will be available from every floor area. Exits shall be as remote from each other as practicable and so arranged that there will be no pockets or dead ends in which residents may be trapped. All exits must be kept clear of any obstruction at all times.

(xix) All buildings shall have a complete smoke detector system or a complete sprinkler system, which will sound at least a local alarm when activated. Smoke detectors shall be so arranged as to be accessible and audible from all occupied areas. All systems shall be electrically interconnected.

(xx) At least one fire extinguisher, suitable for use on Class 2A10BC fires shall be provided on each floor. Attendants shall be instructed in their proper use.

(xxi) An annual inspection shall be made by the authority having jurisdiction, as hereinafter defined, for the purpose of determining compliance with this code.

(d) Resident bedrooms.

(i) A clear space of 7' x 9' shall be provided for a single bed room, 13' x 9' for a double room, and 13' x 17' for a four-bed room.

(ii) Residents shall be housed only in rooms designated as bedrooms by the licensing authority. Rooms in which residents are housed shall be used for no other purpose.

(iii) Beds or other furniture shall not be placed so as to obstruct passage to corridors or exits.

(iv) No part of any room shall be enclosed or subdivided unless such part be separately lighted and ventilated.

(e) Living, dining and recreation areas. The home shall provide a comfortable area well-furnished and well-lighted for the use of residents. Under no circumstances shall the living room be used as a bedroom.

(i) The living, dining, or recreation area shall be large enough to provide necessary space for the activities of the residents. Living and recreation rooms shall be outside rooms.

(ii) Dining area shall be well-lighted and large enough to accommodate all residents.

(f) Storage space. Every existing home shall provide storage space for supplies, personal possessions of residents and staff, linen and similar items.

(g) Laundry rooms. The laundry area, if provided, shall be in a separate room or rooms.

(i) Laundry equipment may not be located in a bedroom or kitchen.

(ii) The following facilities shall be provided when the laundry is done commercially:

(aa) Adequate space for sorting, processing, and storing soiled linen; storage facilities for clean linen.

(ab) Storage space located to facilitate convenient pickup and deliveries. (History: Sec. 82A-107, R.C.M. 1947; Sec. 71-2007, R.C.M. 1947; NEW, MAC Not. No. 16-2-23; Order MAC No. 16-2-7; Adp. 1/18/74; Eff. 3/8/74.)

16-2.22(1)-S2222 LICENSURE OF INFIRMARY (1) The infirmary must be in conformity with all federal, state and local laws, and all laws relating to fire and safety, to communicable and reportable diseases and other relevant matters. Staff of the infirmary must be licensed or registered in accordance with applicable laws. Full disclosure of ownership and control is required.

(a) Licensure will be according to the following categories:

(i) Infirmary A is a facility located in a university, college, government institution, or industry for the treatment of the sick or injured and provides outpatient and inpatient care.

(ii) Infirmary B is the same as Infirmary A except it provides outpatient care only.

(2) Each infirmary shall have an effective governing body or person(s) legally responsible for the organization and conductof the infirmary. This must be designated in writing. Written bylaws and policies in accordance with legal requirements must be available to all members of the governing body.

(a) The governing body shall meet at regularly stated intervals but no less than quarterly. The governing body shall appoint members of medical staff.

(b) All patients must be under a physician's care.

(3) The infirmary shall have written policies concerning qualifications, responsibilities, and conditions of

employment for each type of personnel (including licensure where required by state law). The policies shall be available to staff and shall cover:

(a) Wage scale, hours of work, vacation and sick leave.

(b) A plan for pre-employment and periodic medical examination, tuberculin test and/or chest X-ray, and other appropriate tests to ascertain freedom from communicable disease.

(c) Plans for orientation of all health personnel to the policies and objectives of the infirmary and for on-the-job training where necessary.

(d) Periodic evaluation of employee performance.

(e) Job descriptions for each category of health personnel which are specific and include the type of activity each may carry out.

(4) All employees shall have individual personnel file folders which contain:

(a) Job applications;

(b) Reference validations;

(c) Medical information as required by policies and procedures;

(d) Annual personnel evaluations;

(e) Continuing education certification;

(f) Job descriptions;

(g) Licensure and registration information.

(5) Patient care policy and procedure manual is the responsibility of the administrative, medical, nursing and other professional staff, and shall include, but is not limited to:

(a) Admission of patients;

(b) All treatment and patient care procedures;

(c) Diagnostic tests;

(e) Discharge;

(f) Referral (if applicable);

(g) Follow up of patients;

(h) Observation of patients by nursing personnel during their inpatient stay (if applicable).

(6) Skilled nursing service shall be provided by or under the supervision of a registered nurse who is currently licensed by the state. Nursing services are given in accordance with physician's orders which require the competencies of a registered nurse. Practical nursing services are given by a licensed practical nurse who is currently licensed by the state and works under the supervision of a registered nurse. She may serve as charge nurse on evening and night shifts provided a registered nurse is on call at all times and is available to render service within 15 minutes. A nurse staffing schedule providing for nursing coverage at all times the facility is in operation must be maintained and kept on file. Nursing care plans shall be available for

all inpatients and must be reviewed, revised, and kept current.

(7) The infirmary may have its own facilities or contract with an outside provider for radiology service.

(a) Proper safety precautions shall be maintained against fire and explosion hazards, electrical hazards, and radiation hazards.

(b) Periodic inspections shall be made by state health authorities and hazards noted must be promptly corrected.

(c) Radiation workers shall be periodically checked for amount of radiation exposure.

(d) With fluoroscopes, attention is paid to modern safety, design, and good operating procedures; records are maintained of the output of all fluoroscopes. The use of fluoroscopes is limited to physicians.

(e) The infirmary shall have a qualified radiologist on its staff either full or part time or as a consultant.

(f) The use of all X-ray apparatus is limited to qualified personnel.

(g) If activities of the radiology department extend to radiotherapy, the physician in charge is appropriately qualified. All radioactive nuclides, whether for diagnostic or therapeutic purposes, shall be received, handled, used, and disposed of in accordance with applicable federal and state regulations.

(h) Signed reports shall be filed with the patient's record and duplicate copies kept in the department.

(i) Requests by the physician for X-ray examination must contain a concise reason for the examination.

(ii) Reports of interpretations are written or dictated and signed by the radiologist. If regular radiologist services are unavailable, selected X-ray films are sent to the radiologist for interpretation and the remainder are interpreted by a physician.

(iii) X-ray reports and roentgenographs shall be preserved or microfilmed in accordance with the statute of limitations.

(8) Routine standing orders for all inpatient care are dated and signed by the physician. These orders must be reviewed and revised if applicable, and renewed at least annually.

(9) A poison antidote chart and the telephone number of the nearest poison information center shall be posted.

(10) Instructions detailing the management of cardiac arrests shall be immediately available. Necessary drugs for this treatment shall be separately assembled and available at all times.

(11) Laboratory services may be contracted with an outside provider either in whole or any part thereof. In any case, services commensurate with the needs of the patient shall be available. When provided, the laboratory shall be well-organized, adequately supervised with necessary space,

facilities and equipment.

(a) The extent and complexity of service are commensurate with the size, scope and nature of the infirmary, and the demands of the medical staff upon the laboratory.

(b) All equipment must be routinely checked, calibrated and in good working order.

(c) Services are under the supervision of a physician with clinical training and experience in clinical laboratory services or a laboratory specialist qualified by a doctorate degree.

(d) The laboratory shall not perform procedures and tests which are outside the scope and training of the laboratory personnel.

(e) There shall be a sufficient number of laboratory technologists, preferably registered by the American Society of Clinical Pathology, to perform the tests required of the laboratory.

(f) All tissues removed from patients at surgery shall be macroscopically and, if necessary, microscopically examined by the pathologist.

(g) Signed laboratory reports shall be filed with the patient's medical record and duplicate copies are kept in the laboratory. Tissue reports shall be signed by the pathologist and filed in the patient's medical record with a duplicate copy in the laboratory.

(h) There shall be a procedure for assuring that all tests are ordered by a physician.

(12) If physical therapy, occupational therapy, inhalation therapy or other rehabilitation services are available, these departments shall have:

(a) Effective policies and procedures relating to the organization and function of the service.

(b) Qualified therapists to supervise and administer services.

(c) Facilities and equipment for therapy adequate to meet the needs of the services, in good condition.

(d) Complete records maintained for each patient, which shall be incorporated in the patient's medical record and signed by the therapist.

(13) The infirmary shall maintain for each patient a medical record which covers services it provided, directly or with another agency, in the plan of treatment. The medical record shall be kept confidential and only authorized personnel shall have access to the record. All records shall be maintained for 25 years after the date of last discharge of the patient except in the event of death. Records shall be kept for five years after date of proof of death. It shall include, but not be limited to, the following:

(a) Admission data--name, address, date of birth, sex, next of kin, date of visit, physician, and diagnosis.

(b) History of disease, illness, or injury.

(c) Signed consent for medical treatment.
(d) Physician orders.
(e) Laboratory and other diagnostic tests.
(f) Medication and treatments.
(g) Instructions to the patient and/or his family, including return appointment.
(h) Condition at time of discharge and disposition.
(i) Signatures of a physician and a registered nurse.
(j) Daily care record and progress notes for physical therapy, occupational therapy, inhalation therapy, or other rehabilitation services.
(k) In addition, inpatient records shall include patient history, physical examination, and physician and nurse's progress notes.

(14) There shall be sufficient equipment for patient care according to the types of patients, service programs, and procedures. Adequate monitoring equipment, suction apparatus, oxygen and related items shall be available. There shall be written procedures governing the care, use, sterilization, storage, and disposal of all materials, including safety in storage and use of medical gases, narcotics and medications.

(15) The procurement, storing, dispensing, and administering of medications must be in conformity with federal and state laws. Locked storage space must be provided for all medications.

(16) In addition to items (2) through (15) of this rule, an Infirmary B must meet the following requirements:

(a) Registered nurse in charge must have additional professional training, education and/or experience in assessment skills and emergency medical services including obstetrics.

(b) The duties, responsibilities and privileges of the registered nurse must be delineated in writing.

(c) The registered nurse must be under the general supervision of a physician. Inservice must be provided to the registered nurse by the physician on a monthly basis and documented.

(d) The registered nurse has the authority to: perform simple, routine laboratory procedures, treatments; care for minor lacerations and abrasions; perform simple diagnostic procedures including EKG; prescribe, dispense and administer medications including I.V.'s if the following conditions are met:

(i) Telephone or radio communication with a physician prior to each act described above.

(ii) All verbal orders are to be countersigned by a physician and included in the patient's medical record.

(e) A communication system with a physician and two-way radio communication to nearest hospital and ambulance service are required.

(f) Routine observation beds are not allowed. One emergency bed must be available or can be readily assembled for emergencies until the ambulance or helicopter service arrives.

(g) A sterile emergency obstetrical pack, medications and any other supplies deemed necessary for an emergency delivery which will include items necessary for immediate newborn care must be available. Minimum requirements are resuscitation equipment (bulb syringe, mucous trap with tracheal catheter), and oxygen, including infant and adult face masks. (History: Sec. 69-5213, R.C.M. 1947; NEW MAC Not. No. 16-2-37; Order MAC No. 16-2-18; Adp. 10/17/74; Eff. 12/5/74.)

16-2.22(1)-S2223 LICENSURE OF OUTPATIENT FACILITIES

(1) The outpatient facility must be in conformity with all federal, state and local laws, and all laws relating to fire and safety, to communicable and reportable diseases and other relevant matters. Staff of the outpatient facility must be licensed or registered in accordance with applicable laws. Full disclosure of ownership and control is required. Licensure will be according to the following categories:

(a) Outpatient Facility A is an organizational component of a hospital which provides to ambulatory patients not requiring hospitalization the services of persons licensed to practice medicine or dentistry in the state and which makes provision for its patients to receive a reasonably full range of physical or mental diagnostic and treatment services and may establish observation beds.

(b) Outpatient Facility B is the same as Outpatient Facility A except that it is located and operated apart from a hospital and may not include observation beds.

(2) Each outpatient facility shall have an effective governing body or person(s) legally responsible for the conduct of the outpatient facility. Written bylaws and policies in accordance with legal requirements must be available to all members of the governing body. Bylaws shall stipulate the basis upon which members are selected, their duties and requirements, and specify to whom responsibilities for operation and maintenance of the outpatient facility, including evaluation of outpatient facility practices, may be delegated; the methods established by the governing body for holding such individuals responsible.

(a) The governing body shall meet at regular stated intervals, but no less than quarterly for the purpose of carrying on necessary plans for growth, development, and evaluating the conduct of the outpatient facility, including the treatment of patients, control of physical and financial assets and the procurement and direction of personnel. Minutes of meetings shall be kept.

(b) The governing body shall appoint members of the medical staff. A formal procedure shall be established, governed by written rules and regulations, covering the application for medical staff membership and method of processing applications. Selection of physicians and definition of their medical privileges both for new appointments and reappointments shall be based on written, defined criteria and retained. Applicants selected for medical staff appointment shall sign an agreement to abide by the rules, regulations and bylaws of the outpatient facility. Surgical procedures to be performed must be delineated in writing and consistent with procedures normally considered performed for outpatients.

(c) The governing body shall appoint an administrator, full-time or part-time, who is qualified by training or experience in accordance with established policies. An individual competent and authorized to act in the absence of the administrator shall be designated in writing. The administrator may be a member of the governing body or other professional staff.

(d) All patients must be under care of a licensed physician.

(3) The outpatient facility shall have written policies concerning qualifications, responsibilities and conditions of employment for each type of personnel (including licensure where required by state law). The policies shall be available to staff and shall cover:

(a) Wage scale, hours of work, vacation and sick leave.

(b) A plan for pre-employment and periodic medical examination, tuberculin test and/or chest X-ray, and other appropriate tests to ascertain freedrom from communicable diseases.

(c) Plans for orientation for all health personnel to the policies and objectives of the outpatient facility and for on-the-job training where necessary.

(d) Periodic evaluation of employee performance.

(e) Job descriptions for each category of health personnel which are specific and include each type of activity each may carry out.

(4) All employees shall have individual personnel file folders which contain:

(a) Job application;

(b) Reference validation;

(c) Medical information as required by policies and procedures;

(d) Annual personnel evaluations;

(e) Job description;

(f) Licensure and registration information.

(5) Patient care policy and procedure manual is the responsibility of the administrative, medical, nursing, and other professional staff, and shall include, but is not limited to:

(a) Admission of patients;

(b) All treatment and patient care procedures;

(c) Diagnostic tests;
(d) Consent forms;
(e) Discharge;
(f) Referral (if applicable);
(g) Follow up of patients;
(h) Observation of patients by nursing personnel during the post-operative period (if applicable).

(6) Skilled nursing service shall be provided by or under the supervision of a registered nurse who is currently licensed by the state. Nursing services shall be given in accordance with physician's orders which require the competencies of a registered nurse. Practical nursing services shall be given by a licensed practical nurse who is currently licensed by the state and works under the supervision of a registered nurse. A nurse staffing schedule must be maintained and kept on file.

(7) The outpatient facility may have its own facilities or contract with an outside provider for radiological service.

(a) Proper safety precautions shall be maintained against fire and explosion hazards, electrical hazards, and radiation hazards.

(b) Periodic inspections shall be made by state health authorities and hazards noted must be promptly corrected.

(c) Radiation workers shall be periodically checked for amount of radiation exposure.

(d) With fluoroscopes, attention is paid to modern safety, design and good operating procedure; records are maintained of the output of all fluoroscopes. The use of fluoroscopes is limited to physicians,

(e) The outpatient facility shall have a qualified radiologist on its staff either full or part time or as a consultant.

(f) The use of all X-ray apparatus is limited to qualified personnel.

(g) If the activities of the radiology department extend to radiotherapy, the physician in charge is appropriately qualified. All radioactive nuclides, whether for diagnostic or therapeutic purposes, shall be received, handled, used and disposed of in accordance with applicable federal and state regulations.

(h) Signed reports shall be filed with the patient's record and duplicate copies kept in the department.

(i) Requests by the physician for X-ray examination must contain a concise reason for the examination.

(ii) Reports of interpretation are written or dictated and signed by the radiologist. If regular radiologist services are unavailable, selected X-ray films are sent to the radiologist for interpretation and the remainder are interpreted by a physician.

(iii) X-ray reports and roentgenographs shall be preserved or microfilmed in accordance with the statute of limitations.

(8) Routine standing orders for emergency and/or post-operative care are dated and signed by the physician. These orders must be reviewed, revised if applicable, and renewed at least annually.

(9) A poison antidote chart and the telephone number of the nearest poison information center shall be posted.

(10) Instructions detailing the management of cardiac arrests shall be immediately available. Necessary drugs and equipment for this treatment shall be separately assembled and available at all times.

(11) Laboratory services may be contracted with an outside provider either in whole or any part thereof. In any case, services commensurate with the needs of the patient shall be available. When provided, the laboratory shall be well-organized, adequately supervised with necessary space, facilities and equipment.

(a) The extent and complexity of service are commensurate with the size, scope and nature of the outpatient facility and demands of the medical staff upon the laboratory.

(b) All equipment must be routinely checked, calibrated, and in good working order.

(c) Services shall be under the supervision of a physician with clinical training and experience in clinical laboratory services or a laboratory specialist qualified by a doctorate degree.

(d) The laboratory shall not perform procedures and tests which are outside the scope of training of the laboratory personnel.

(e) There shall be a sufficient number of laboratory technologists, preferably registered by the American Society of Clinical Pathology, to perform the tests required of the laboratory.

(f) All tissues removed from patients at surgery shall be macroscopically and, if necessary, microscopically examined by the pathologist.

(g) Signed laboratory reports shall be filed with the patient's medical record and duplicate copies kept in the laboratory. Tissue reports shall be signed by the pathologist and filed in the patient's medical record with a duplicate copy in the laboratory.

(h) There shall be a procedure for assuring that all tests are ordered by a physician.

(12) If physical therapy, occupational therapy, inhalation therapy or other rehabilitation services are available, these services shall have:

(a) Effective policies and procedures relating to the organization and function of the service.

(b) Qualified therapists to supervise and administer services.

(c) Facilities and equipment for therapy adequate to meet the needs of the services, in good condition.

(d) Complete records maintained for each patient, which shall be incorporated in the patient's medical record and signed by the therapist.

(13) The outpatient facility shall maintain for each patient a medical record which covers services it provided, directly or with another agency, in the plan of treatment. The medical record shall be kept confidential and only authorized personnel shall have access to the record. All records shall be maintained for 25 years after the date of last discharge of the patient, except in the event of death records shall be kept for five years after date of proof of death. It shall include, but not be limited to, the following:

(a) Admission data--name, address, date of birth, sex, next of kin, date of visit, physician, dentist if applicable, and diagnosis;

(b) History of disease, illness or injury;

(c) Signed consent for medical treatment;

(d) Physician and/or dentist orders;

(e) Laboratory and other diagnostic tests;

(f) Medication and treatments;

(g) Instructions to the patient and/or his family, including return appointment;

(h) Condition at time of discharge and disposition;

(i) Signatures of a physician and a registered nurse;

(j) Daily care record and progress notes for physical therapy, occupational therapy, inhalation therapy or other rehabilitative services.

(k) In addition, records of surgical patients must have:

(i) Patient history and physical examination prior to surgery;

(ii) Signed surgical consent form;

(iii) Operative record;

(iv) Anesthesia record;

(v) Recovery room notes;

(vi) Physician and nurse's progress notes;

(vii) Pathologist's report of all tissue;

(viii) Dental report, if applicable.

(14) There shall be sufficient equipment for patient care according to types of patients, service programs, and procedures. Adequate monitoring equipment, suction apparatus, oxygen and related items shall be available within the surgical and post-operative recovery area. There shall be written procedures governing the care, use, sterilization, storage and disposal of all materials, including safety in storage and use of inhalation anesthetics, medical gases, narcotics and medications.

(15) The procurement, storing, dispensing, and administering of medications must be in conformity with all federal and state laws. Locked storage space must be provided for all medications.

(16) Observation beds are beds established for use by an outpatient recovering from minor surgery or other treatment.

Observation beds will be occupied for a period of time not in excess of six hours.

(17) In addition to items (2) through (16) of this rule, an Outpatient Facility B must meet the following requirements:

(a) The registered nurse in charge must have additional professional training, education and/or experience in assessment skills and emergency medical services including obstetrics.

(b) The duties, responsibilities and privileges of the registered nurse must be delineated in writing.

(c) The registered nurse must be under the general supervision of a physician.

(d) The registered nurse has the authority to perform simple, routine laboratory procedures, treatments; care for minor lacerations and abrasions; perform simple diagnostic procedures including EKG; dispense and administer medications, including I.V.'s, if the following conditions are met:

(i) Telephone or radio communication with a physician prior to each act described above.

(ii) All verbal orders are to be countersigned by a physician and included in the patient's medical record.

(e) A communication system with a physician and two-way radio communication to nearest hospital and ambulance service are required.

(f) Routine observation beds are not allowed. One emergency bed must be available or can be readily assembled for emergencies until the ambulance or helicopter service arrives.

(g) A sterile emergency obstetrical pack, medications and any other supplies deemed necessary for an emergency delivery which will include items necessary for immediate newborn care must be available. Minimum requirements are resuscitation equipment (bulb syringe, mucous trap with tracheal catheter), and oxygen, including infant and adult face masks.

(h) Minor surgical procedures may be performed by a licensed physician, or dentist, provided these procedures are delineated in writing and do not require the use of a general anesthetic or the use of an observation bed. (History: Sec. 69-5213, R.C.M. 1947; NEW MAC Not. No. 16-2-38; Order MAC No. 16-2-18; Adp. 10/17/74; Eff. 12/5/74.)

16-2.22(1)-S2230 FACILITY PHARMACY RULE (1) This rule is intended to implement the applicable statutory laws to the end that the provisions thereunder may be best effectuated and the public interest most effectively served.

(2) Definitions:

"Facility" means a hospital and/or long-term care facility.

"Class I hospital facility" means a facility which maintains a certified pharmacy registered and licensed by the Board of Pharmacy and operated by a registered pharmacist who provides pharmaceutical services for said facility for not less than forty (40) hours per week.

"Class II hospital or long-term care facility" means a facility of less than 75 beds which maintains a certified pharmacy registered and licensed by the Board of Pharmacy and operated by a registered pharmacist who provides pharmaceutical services in said facility daily at least five days each week and provides for emergency pharmaceutical services at all other tiems.

"Class III hospital or long-term care facility" means any other health care related facility.

(3) New Construction and Equipment. These general standards of construction are only minimum and are considered necessary to provide pharmaceutical facilities which can be effectively maintained and operated to furnish services. They are not intended in any way to restrict design initiative or construction techniques.

(a) The drug room shall be adequate for the storage of pharmaceuticals and for record keeping.

(b) Where a pharmacy is provided, the minimum size shall be eighty (80) square feet, or seven (7) square feet per bed up to four hundred (400) square feet, whichever is larger. The pharmacy shall include:

(i) Space for safe storage of narcotics and other dangerous drugs.

(ii) Space for compounding or similar work.

(iii) Refrigerator facilities for storage of biologicals.

(4) Class I Facility. A hospital facility of 75 or more beds shall have a pharmacy operated by a registered pharmacist and administered in accordance with accepted professional standards.

(a) Standard; pharmacy supervision. The pharmacy is directed by a registered pharmacist. The factors explaining the standard are as follows:

(i) The pharmacist is trained in the specialized functions of hospital pharmacy and licensed as a pharmacist in the state.

(ii) The pharmacist is responsible to the administration of the facility for developing, supervising, and coordinating all the activities of the pharmacy department.

(iii) Wherever possible the pharmacist, in dispensing drugs, works from the prescriber's original order or a direct copy.

(b) Standard; physical facilities. Facilities are provided for the storage, safeguarding, preparation and dispensing of drugs. The factors explaining the standard are as follows:

(i) Drugs are issued to floor units in accordance with approved policies and procedures.

(ii) Drug cabinets on the nursing units are routinely checked by the pharmacist. All floor stocks are properly controlled.

(iii) There is adequate space for all pharmacy operations and the storage of drugs at a satisfactory location provided with proper lighting, ventilation and temperature controls.

(iv) Equipment is provided for the compounding and dispensing of drugs.

(v) Special locked storage space is provided to meet the legal requirements for storage of narcotics, alcohol, and other prescribed drugs.

(c) Standard; personnel. Personnel competent in their respective duties are provided in keeping with the size and activity of the department. The factors explaining the standard are as follows:

(i) The pharmacist is assisted by an adequate number of additional registered pharmacists and such other personnel as the activities of the pharmacy may require to insure quality pharmaceutical services.

(ii) The pharmacy, depending upon the size and scope of its operations, is staffed by the following categories of personnel:

(aa) Chief pharmacist.

(ab) One or more assistant chief pharmacists.

(ac) Staff pharmacists.

(ad) Pharmacy residents (where a program has been activated).

(ae) Nonprofessionally trained pharmacy helpers.

(af) Clerical help.

(iii) Provision is made for emergency pharmaceutical services.

(d) Standard; records. Records are kept of the transactions of the pharmacy and correlated with other facility records where indicated. Such special records are kept as are required by law. The factors explaining the standard are as follows:

(i) The pharmacy establishes and maintains, in cooperation with the accounting department, a satisfactory system of records and bookkeeping in accordance with the policies of the facility for:

(aa) Maintaining adequate control over the requisitioning and dispensing of all drugs and pharmaceutical supplies, and

(ab) Charging patients for drugs and pharmaceutical supplies.

(ii) A record of the stock on hand and of the dispensing of all narcotic, depressant and stimulant drugs is maintained in such a manner that the disposition of any particular item may be readily traced.

(iii) Records for prescription drugs dispensed to each patient are maintained in the pharmacy containing the full name of the patient and the prescribing physician, the prescription number, the name and strength of the drug, the date of issue, the expiration date for all time-dated medications, the lot and control number of the drug, the name of the manufacturer, and the name of the medication dispensed.

(iv) The label of each patient's individual prescription medication container bears the lot and control number of the drug, the name of the manufacturer and the name of the medication dispensed.

(e) Standard; control of toxic or dangerous drugs. Policies are established to control the administration of toxic or dangerous drugs with specific reference to the duration of the order and the dosage. The factors explaining the standard are as follows:

(i) The medical staff has established a written policy that all toxic or dangerous medications, not specifically prescribed as to time or number of doses will be automatically stopped after a reasonable time limit set by the staff.

(ii) The committee assists in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use and safety procedures, and all other matters relating to drugs in the facility.

(iii) The committee performs the following specific functions:

(aa) Serves as an advisory group to the facility medical staff and the pharmacist on matters pertaining to the choice of drugs;

(ab) Develops and reviews periodically a formulary or drug list for use in the facility;

(ac) Establishes standards concerning the use and control of investigational drugs and research in the use of recognized drugs;

(ad) Evaluates clinical data concerning new drugs or preparations requested for use in the facility.

(ae) Makes recommendations concerning drugs to be stocked on the nursing unit floors and by other services; and

(af) Prevents unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients.

(iv) The committee meets at least quarterly and reports to the medical staff.

(g) Standard; drugs to be dispensed. Therapeutic ingredients of medications dispensed are included (or approved for inclusion) in the United States Pharmacopoeia, National Formulary, United States Homeopathic Pharmacopoeia, New Drugs, or Accepted Dental Remedies (except for any drugs unfavorably evaluated therein), or are approved for use by the pharmacy and therapeutics committee of the facility staff. The factors explaining the standard are as follows:

(i) The pharmacist, with the advice and guidance of the pharmacy and therapeutics committee, is responsible for specifications as to quality, quantity, and source of supply of all drugs.

(ii) There is available a formulary or list of drugs accepted for use in the facility which is developed and amended at regular intervals by the pharmacy and therapeutics committee with the cooperation of the pharmacist and the administration.

(iii) The pharmacy is adequately supplied with preparations so approved.

(h) Standard; access to pharmacy. Only a pharmacist may have access to the pharmacy stock of drugs except that in a pharmacist's absence from the facility the supervising registered nurse on each shift may obtain from a pharmacy stock of drugs such drugs as are needed in an emergency, not available in floor stocks (excepting narcotics, depressants and stimulants), and the nurse, not the pharmacist, becomes accountable for her actions. A registered nurse is not permitted to compound or dispense drugs. The factors explaining the standard are as follows:

(i) The nurse may remove from the pharmacy stock of drugs:

(aa) A drug in its original container or a drug prepackaged by the pharmacist for nursing service use in the facility.

(ab) A single unit dose of a drug from the original container for a specific patient.

(ii) The nurse shall leave in the pharmacy on a suitable form a record of any drugs removed showing: the name of the drug, the name of the manufacturer, the dosage size, the amount taken, the date, the time, the signature of the nurse.

(iii) The nurse shall leave with the record the container from which the single unit dose was taken for drug administration purposes in order that it may be properly checked by a pharmacist. Such records shall be kept for at least three (3) years.

(i) Standard; emergency medication kit. Each facility must maintain a medication kit for emergency use. The factors explaining the standard are as follows:

(i) The kit shall contain a limited dosage and range of drugs as determined by the pharmacy and therapeutics committee.

(ii) The kit shall contain a list of its contents on the outside cover and within the box.

(iii) The kit must be prepared, packaged and sealed by a pharmacist upon the written order of a physician, said order to be handled as a legal prescription by the pharmacy.

(iv) Emergency supplies may only be removed by a physician or upon his orders by a person who is licensed to administer drugs.

(v) After the kit has been opened, a proper record shall be kept of all medication that is removed, a new prescription issued for replacement and again sealed by a pharmacist.

(vi) Narcotic drugs (Class A & B) may not be included as a part of the emergency kit.

(5) Class II Facility. A hospital or long-term care facility of less than 75 beds may have a pharmacy operated by a registered pharmacist and administered in accordance with accepted professional standards.

(a) All standards which are applicable to a Class I facility shall be required of a Class II facility except as follows:

(i) The registered pharmacist in charge shall provide pharmaceutical services for said facility daily at least five

(5) days each week and provide for emergency pharmaceutical services at all other times.

(ii) Compounding of drugs, medicines, chemicals, or poisons shall not be permitted.

(iii) Drugs, medicines, chemicals or poisons may be provided only to or for inpatients of such facility.

(6) Class III Facility. A hospital or long-term care facility which has no certified pharmacy registered and licensed by the Board of Pharmacy shall comply with the following standards:

(a) Standard; drug room supervision. There is a drug room under the supervision of a consulting registered pharmacist. The factors explaining the standard are as follows:

(i) The pharmacist is trained in the specialized functions of hospital pharmacy and licensed as a pharmacist in the state.

(ii) The pharmacist is responsible to the administrator of the facility for developing, supervising, and coordinating the activities of the drug room.

(iii) Prescribed medications shall be dispensed by a qualified pharmacist in a certified pharmacy elsewhere, and only storing and distributing of prescribed medications are done in the facility. (History: Sec. 66-1501, 69-5216, R.C.M. 1947; Order MAC No. 16-1; Adp. 12/31/72; Eff. 12/31/72.)

Sub-Chapter 2

Construction Bureau

16-2.22(2)-S2240 HOSPITALS, CONSTRUCTION (1) The following rules are general standards of construction, and are only minimum standards. They are considered necessary to provide medical facilities which can be efficiently maintained and operated to furnish adequate services. They are not intended to restrict design, initiative or construction techniques. The standards apply to all projects for which federal assistance is requested.

(2) New Construction

(a) General Requirements.

(i) The location shall be:

(aa) Accessible to the center of community activities.

(ab) Close to where competent medical and surgical consultation is readily available and where qualified employees can be recruited and retained.

(ac) Away from nuisances detrimental to successful operations, such as commercial or industrial developments or other types of facilities that produce noise or air pollution.

(ad) Such that the building shall not exceed one-half of the total site area. Future expansion must be considered.

(ae) Free of flooding for the previous ten year period.

(af) Within the jurisdiction of a local fire authority capable of providing adequate fire fighting services.

(ag) Within the jurisdiction of law enforcement.

(ah) Provided with roads and walks within the lot lines to the main entrance, ambulance entrance, include loading and unloading space for delivery trucks.

(ai) Provided with off street parking unless public transportation or public parking facilities are available. One car space per bed is minimum and one and one-half (1 1/2) spaces desirable.

(ii) Site survey and soil investigation must be provided by the applicant to obtain all information necessary for the design of the building foundations and mechanical service and electrical service connections to the building. The survey drawings shall show:

(aa) The courses and distances of property lines of all parcels which comprise the hospital site.

(ab) Dimensions and locations of any buildings, structures, easements, rights of way or encroachments on the site and the presence of any undeveloped mineral rights to which the site is subject.

(ac) Details of party walls or walls and foundations adjacent to the lot lines.

(ad) Position, dimensions and elevations of all cellars, excavations, wells, backfilled areas and similar existing openings and the elevation of any water therein.

(ae) All trees which may be affected by the building operations.

(af) Detailed information relative to established curb and building lines and street, alley, sidewalk and curb grades at or adjacent to the site and the materials of which they are constructed.

(ag) Floor elevations for all existing buildings which are to be modernized or to which additions will be constructed.

(ah) All utility services including pipe sizes, pressures and electrical characteristics.

(ai) The location and invert elevations of all piping, mains, sewers, poles, wires, hydrants and manholes, upon, over or under the site or adjacent to the site, if within the limits of the survey.

(aj) The probability of freshets overrunning the site shall be investigated.

(ak) Official data upon which elevations are based and a bench mark established on or adjacent to the site.

(al) Elevation on a grid system of not more than 20'0" intervals to indicate changes of slope over that portion of the site to be developed.

(am) Elevations of contours and bottoms of excavations.

(an) Contemplated date and description of any proposed improvements to approaches or utilities adjacent to the site.

(ao) Certification on the survey drawing by the city engineer or other qualified official that the officially established street lines, grades of curbs, sidewalks and sewers are correctly given.

(ap) Borings or test pits shall extend into stable soils well below the bottom of any proposed foundations. A field log of the borings shall be made and the thickness, consistency and character of each layer recorded.

(aq) The amount and elevation of ground water encountered in each pit or boring.

(ar) Appropriate laboratory tests shall be performed to determine the safe-bearing value and compressibility characteristics of the various strata encountered in each pit or boring.

(as) Maximum depth of frost penetration below surface of the ground shall be recorded.

(at) Make tests to determine whether soil contains alkali in sufficient quantities to affect concrete.

(au) If the site is underlaid with mines, or if old workings are located in the vicinity, the elevation and location of the top of workings shall be determined.

(iii) All new construction shall comply with the requirements of the codes listed in this rule, Subsection (c). In addition, the following minimum requirements shall be met:

(aa) The building and all parts thereof, shall be of sufficient strength to support all dead, live and lateral loads without exceeding the working stresses permitted for the materials of their construction and generally accepted good engineering practices.

(ab) Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one foot below the estimated frost line, except that one story buildings may rest on a fill designed and supervised by a soils engineer. Bearing values for the soil shall be established in accordance with recognized standards.

(ac) Footings, piers and foundation walls shall be adequately protected against deterioration from the action of ground water.

(ad) One story buildings shall be constructed of not less than one hour fire-resistive construction throughout except as follows:

Rooms housing automatic combustion equipment and storage rooms of 100 square feet or greater area, shall be of two-hour noncombustible fire-resistive construction. Separate buildings housing only combustion equipment shall be of incombustible construction, but need not be rated.

Heavy timber construction may be used if the areas are suitably fire separated from patient bed areas, do not form a major circulation element in the facility and do not serve as a required means of egress.

Structures built of other than noncombustible materials shall be divided into areas not exceeding 5,200 square feet by two-hour firewalls and shall otherwise adhere to the floor area restrictions set forth in the Uniform Building Code.

(ae) For all buildings more than one story in height, the structural frame work and building elements shall be an appropriately fire-resistive combination of materials using steel, concrete or masonry. Load bearing walls may be used only for exterior walls, fire walls and vertical shafts.

(af) The fire-resistive requirements of the various building elements shall follow the requirements of the Uniform Building Code, except for the following modifications:

Corridor partitions shall be one-hour fire-resistive construction.

Walls enclosing stairways, elevators, laundry and trash chutes and other vertical shafts, rooms housing automatic combustion equipment, and areas used for storage of combustible materials, 100 square feet or greater, shall be separated from the rest of the building by two-hour noncombustible construction. Separate buildings housing only combustion or service equipment shall be of incombustible construction but need not be fire rated.

(ag) Each floor shall be divided into at least two fire zones by a smoke-stop partition with additional partitions to limit corridor length to 150 feet or less. Partitions shall be one-hour rated and continuous through any concealed space such as between the suspended ceiling and the floor or roof above, with openings in corridors and public areas only. All openings shall be equipped with self-closing doors.

(ah) Every unoccupied attic shall be subdivided by firestops into areas not exceeding 3,000 square feet. Concealed space above suspended ceilings shall be firestopped to form areas not exceeding 1,000 square feet.

(ai) Linen and refuse chutes, dumbwaiters, conveyors and material handling systems shall not open into any corridor or exitway but shall open into a room enclosed by not less than one-hour fire construction with a class "C" 3/4-hour fire door. Linen and refuse chutes shall have a minimum diameter of two feet and shall terminate in or discharge directly into a refuse room or linen chute room separate from the incinerator or laundry. Such rooms shall be of not less than two hour fire-resistive construction and the entrance door shall be a class "B" 1 1/2-hour fire door. Chutes shall be either of two-hour construction, extending at least four feet above the roof and covered by a metal skylight glazed with plain glass or of one-hour construction, equipped with an automatic sprinkler head at the uppermost level, at each alternate floor level and in the termination room.

(aj) Interior finish shall be Class A in all patient areas except that Class B materials may be used in individual rooms of not over four-bed capacity. Interior finish in public areas may be Class B if separated from patient areas. Interior finish of walls and ceilings of all exit ways, storage rooms and areas of unusual fire hazard, shall have a flame spread rating of not more than 25. All other areas shall have a flame spread rating of not more than 75, except that up to 10 percent of the aggregate wall and ceiling area may have a finish with a rating up to 200. Floor finish materials shall have a flame spread rating of not more than 75. Flame spread ratings for each specific product shall be determined by an independent testing laboratory in accordance with ASTM Standard No. E84-61.

(b) Plans. All plans for new construction, alteration, major remodeling or changes in existing facilities shall be submitted before construction is begun to the Department for review and approval in two stages. Additional intermediate stages may be submitted at the option of the architect or owner.

First Stage--Program and Schematics

(i) Program.

(aa) List in outline form the rooms or spaces to be included in each department, explaining the functions or services to be provided in each, indicating the approximate size, the number of personnel and the kind of equipment or furniture it will contain. Unusual services or equipment to be included in the facility should be noted.

(ab) For inpatient facilities, submit a schedule showing total number of beds, type of rooms (single or double), distribution of services (such as medicine and surgery).

(ac) Provide an outline of construction materials.

(ad) Preliminary cost estimate should be submitted.

(ii) Schematic Plans.

(aa) Single line drawings of each floor shall show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room shall be noted.

(ab) The proposed roads and walks, service and entrance courts; parking and orientation may be shown on either a small plot plan or the first floor plan. A simple vertical space diagram shall be submitted at this stage.

(ac) Total floor area and number of beds shall be noted on the plans.

(ad) Either at this time or after approval of the above drawings, submit single line drawings of the mechanical system. All duct layouts should be indicated, the location of space heaters and of boilers and major associated equipment of the central heating, ventilating and/or cooling units. It is recommended that a list of the proposed plumbing fixtures be provided at this time.

(ae) Show power and light systems for typical areas such as patient rooms, nursery, anesthetizing areas, etc. The location of transformers, main switch, switchboards and generator sets should be indicated.

Second Stage--Working Drawings and Specifications

(iii) Working drawings require approval by the Department and the State Fire Marshal.

(iv) All plans and specifications shall be certified by an engineer or architect licensed to practice in Montana. All new construction shall be in accordance with applicable local, state and national building codes and regulations. The certification shall state that the plans and specifications are in accordance with regulations and standards of the Board and shall name the national and local codes used in preparations.

(v) Working drawings shall be complete and adequate for bid, contract, and construction purposes. Drawings shall be prepared for each of the following branches of the work: architectural, structural, mechanical and electrical.

(aa) Architectural drawings shall include a plot plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new buildings and structures, roadways, walks and the extent of the areas to be seeded. Any structures and improvements which are to be removed as part of the work shall be shown. A print of the site survey drawing shall be included with the working drawings.

Plan of each basement, floor and roof.
Elevations of each facade.
Sections through building.
Required scale and full-size details.
Schedule of doors and finishes.
Location of all fixed equipment.
Adequate details of any conveying systems.

(ab) Structural drawings shall include plans for foundations, floors, roofs and all intermediate levels with sizes, sections and the relative location of the various structural members, and all other information necessary for construction purposes.

(ac) Mechanical drawings shall include:

Heating, steam piping and air conditioning systems in sufficient detail to enable review by the Department and adequate for construction purposes.

Plumbing, drainage and standpipe systems. These shall include the size and elevation of street sewer, house sewer, house drains, street water main and water services into the building. Size and location of all piping, riser diagram of all plumbing stacks with vents, water risers and fixture connections, any gas, oxygen and special connections, the standpipe and sprinkler systems and all fixtures and equipment requiring water and drain connections.

(ad) Electrical drawings shall include the complete power and lighting layout of all electrical systems to be included in the construction. This shall include telephone layouts, nurses' call system, fire alarm system and the emergency electrical system.

(ae) Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanship, finishes and all other characteristics of all materials and equipment.

(af) Written approval for all proposed construction for existing building utilization is limited to a period of one calendar year from its date of issuance and applies only to one location. Reapproval must be obtained when a new site is considered.

(ag) All building construction shall be subject to inspection by representatives of local and state agencies.

(ah) Patients shall not be admitted, housed, treated or cared for in new construction until it is licensed.

(c) Construction Codes.

(i) Nothing stated herein shall relieve the sponsor from compliance with building codes, ordinances and regulations which are enforced by city, county, or state jurisdictions. Where such codes, ordinances and regulations are not in effect, it shall be the responsibility of the sponsor to consult one of the national building codes generally used in the area for all components of the building type which are not specifically covered by the minimum standards set forth herein provided the requirements of the codes are not inconsistent with the minimum standards herein.

(ii) Until such time as building codes are promulgated by the state, there shall be compliance with applicable provisions of the following codes. This listing of codes is not necessarily complete and is intended for guide purposes only.

(aa) National Plumbing Code.

(ab) Montana Plumbing Code.

(ac) National Electrical Code.

(ad) Regulations for Food Service Establishments, Montana State Department of Health.

(ae) Uniform Building Codes of the International Conference of Building Officials.

(af) American Concrete Institute.

(ag) American Institute for Steel Constructors.

(ah) American Standard Safety Code for Elevators, Dumb Waiters and Escalators.

(ai) All standards and codes where applicable to medical facility construction as published by the National Fire Protection Association, 60 Batterymarch Street, Boston, Mass. 02110.

(aj) United States of American Standards Institutes, Standard No. A117.1-1961.

(d) Minimum Design Requirements. Hospitals shall either contain the elements described hereafter or the narrative program submitted with schematics shall indicate the manner in which these services are to be provided. In smaller hospitals, it will be permissible to combine services or elements as long as proper separation is maintained between clean and soiled operations. A long-term care wing added to an existing hospital shall also meet the requirements of "Licensing Law and Regulations for Long-Term Care Facilities" of the Board. All hospitals must provide those elements which are necessary to cover the services offered. Each element provided in the hospital must meet the construction requirements outlined herein.

(e) Administration.
(i) Business Office.
(ii) Cashier's Station.
(iii) Information Center.
(iv) Administrator's Office.
(v) Admitting Office.
(vi) Staff Lounge with Doctor's Coatroom.
(vii) Medical Library.
(viii) Lobby.
(ix) Public and Staff Toilet Rooms.
(x) Director of Nurses' Office.
(xi) Housekeeper's Office or Space.
(xii) Medical Records Unit shall include:
(aa) Active records storage area.
(ab) Record review and dictating room.
(ac) Work area for sorting, recording or microfilming.
(ad) Inactive records storage area.
(f) Patient Rooms.

(i) Each single bedroom shall have at least 100 square feet of usable floor area exclusive of vestibules, toilet rooms, built-in drawers, closets, wardrobes or door swings.

(ii) Each multiple bedroom shall have at least 80 square feet per bed of usable floor area exclusive of vestibules, toilet rooms, built-in drawers, closets, wardrobes or door swings. There shall be 3 feet minimum distance between each bed and 2 feet between the bed and the wall. No patient bed shall be more than one bed removed from an outside window. Maximum room capacity shall be four patients.

(iii) No bed facilities of any type shall be located in hallways or any area other than approved bedrooms.

(iv) Windowsills shall not be higher than 3'0" above the floor and shall be above grade for a distance of 20 feet from such window. Window areas in patient rooms shall be equal to 1/8 of the floor area of the room. Windows in intensive care units are not subject to the 3'0" restriction.

(v) The lavatory may be located in an adjacent private toilet room where there are no more than two persons in such bedroom.

(vi) A locker or closet shall be provided for each patient.

(vii) Each patient room shall have direct access to the corridor and outside exposure. This includes intensive care units.

(viii) Flame-proofed cubicle curtains or equivalent built-in devices shall be provided for privacy in multiple rooms.

(ix) No patient room shall be located more than 120 feet from the nurses' station, the clean workroom and the soiled workroom.

(x) Isolation rooms shall be provided on the basis of one for each 30 beds or major fraction thereof. Each room shall have:

(aa) Only one patient per room.

(ab) Lavatory within patient room or toilet room.

(ac) Separate toilet room with bath or shower.

(ad) An anteroom with adequate facilities, including handwashing sink, and space for necessary supplies.

(xi) Bathing and toilet rooms.

(aa) One shower stall or one bathtub for each 15 beds not otherwise served is required. No nursing unit shall be without bathing facilities. All bathtubs shall be provided with non-slip surfaces. Grab bars shall be provided at all bathing fixtures. Shower stalls should be provided without curbs.

(ab) A toilet room shall be directly accessible from each patient room without going through the general corridor. One toilet room may serve two patient rooms but not more than 4 beds. The lavatory may be omitted from the toilet if one is provided in each patient room. With a lavatory located in front of the water closet, the minimum length of the toilet room shall be 6 feet with an area not less than 20 square feet. Without lavatory, this dimension may be reduced to 4'6" minimum and 15 square feet, respectively.

(ac) Each nursing unit shall be provided with at least one toilet room arranged for use by wheelchair patients, which shall have a minimum area of 40 square feet with no dimension less than 4'6".

(ad) The pediatric unit, if provided as a separate nursing unit, shall be similar to an adult nursing unit. An allowance of 40 square feet per bassinet must be provided in pediatric nurseries. In the service area, a treatment room and storage for toys and equipment shall be provided.

(xii) Service Areas.

(aa) The nurses' station shall be adequate in size to provide for charting, communications and supply storage. Purse lockers should be provided for personnel manning the station.

(ab) There shall be a nurses' toilet room convenient to the nurses' station.

(ac) A medicine preparation room shall be adjacent to the nurses' station with sink, refrigerator, locked storage and facilities for preparation of medication.

(ad) A clean workroom for the storage and assembly of supplies for nursing procedures shall contain a work counter and sink. This room shall be 100 square feet minimum with a 4 foot aisle minimum.

(ae) A soiled workroom shall contain clinical sink, work counter, waste receptacles and soiled linen receptacles. This room shall be 100 square feet minimum with a 4 foot aisle minimum.

(af) There shall be a conference room in the unit.

(ag) There shall be 8 square foot minimum enclosed space for clean linen storage.

(ah) A nourishment station for serving between-meal feedings, including a sink, hot plate and refrigerated storage. A dispenser type ice machine is recommended.

(ai) Storage space for I.V. standards, inhalators, air mattresses, walkers and similar bulky equipment.

(aj) Stretcher and wheelchair parking area or alcove.

(ak) Janitor's closet with floor receptor or service sink.

(g) Psychiatric Unit.

(i) A psychiatric unit, if included as a separate unit, should be designed as other units. Added to the regular nursing unit shall be a doctor's office, examination and treatment room, conference room, dining room and day room with storage for recreational equipment.

(ii) In the absence of a separate psychiatric unit, each hospital shall have a room designed in a manner to permit use as an ordinary patient room and also contain facilities to care for patients needing close supervision.

(iii) The room shall be designed to prevent the patient's escape, suicide or hiding.

(h) Newborn Nursery.

(i) Each nursery shall be provided with a lavatory and emergency nurses' call, one or more oxygen outlets and facilities for viewing the babies. Each full-term nursery shall contain not more than 12 bassinets with a minimum area of 24 square feet per bassinet.

(ii) An examination and workroom shall be provided with a lavatory in the examination area and a sink and counter space in the workroom. One examination and workroom may serve up to 24 bassinets.

(iii) A premature nursery is required only for hospitals with 25 or more maternity beds. Each nursery shall contain no more than 6 bassinets with a minimum area of 30 square feet per bassinet. The premature nursery shall have its own workroom including lavatory. A workroom within the premature nursery may be used but this area shall be in addition to the required bassinet area. A separate examination room for the use of the physician shall be provided.

(iv) A formula room intended for the sole purpose of preparing infant formula shall have no direct access to the nursery or workroom. Where commercially prepared formula is used, the formula room shall include such space and equipment as are necessary to accommodate handling and storage. Where formula is prepared by the hospital, the space shall contain:

(aa) Work counter with built-in sink, gooseneck-type spout and knee or foot control.

(ab) Lavatory.

(ac) Hot plate.

(ad) Refrigerator.

(ae) Sterilizer.

(af) Bottle washer.

(v) Janitor's closet.

(i) Obstetrical Suite. The obstetrical suite shall be located to prevent through traffic and shall be completely separated from the surgical suite. The following facilities shall be provided:

(i) Delivery room. This room shall have a minimum dimension of 15 feet and shall contain not less than 270 square feet of floor area. The number required shall be based on the estimated annual birth rate.

(ii) Labor room. The number required shall be based on the estimated annual birth rate. A patient's toilet room and shower room shall be provided each labor room or be conveniently accessible.

(iii) Service areas in each obstetrical suite shall be the same as those in the surgical suite.

(j) Surgical Suite. The surgical suite shall be located to prevent through traffic. Each suite shall consist of:

(i) One or more operating rooms; each shall have a minimum dimension of 18 feet and shall contain not less than 324 square feet of floor area.

(ii) Service areas including:

(aa) Surgical supervisor station.

(ab) Sterilizing facilities with hi-speed autoclave.

(ac) Facilities for storage and preparation of medication.

(ad) Scrub-up facilities.

(ae) Soiled workroom.

(af) Storage for sterile and unsterile supplies. May be in clean workroom.

(ag) Anesthesic workroom for cleaning and storing of equipment.

(ah) Storage room for anesthetic agents.

(ai) Nitrous oxide and oxygen facilities. Storage shall be provided if these services are not piped in.

(aj) Clean workroom.

(ak) Equipment storage room for surgical and monitoring equipment.

(al) Janitor's closet.

(am) Clothing change areas, lockers and toilet rooms for doctors, nurses, orderlies and other personnel.

(an) Stretcher alcove.

(ao) Holding area for patients in facilities with more than two operating rooms.

(iii) Cystoscopy rooms and other specialties when provided shall have a minimum floor area of 180 square feet net, no dimension of which shall be less than 11 feet net. A convenient toilet room with lavatory and a scrub sink or large lavatory must be provided within or adjoining the cystoscopy room. The cystoscopy room may be located in an area other than the surgical suite.

(iv) The recovery room shall be furnished with charting space, medication storage and preparation space, a clinical sink, oxygen, suction, special lighting and recovery beds. Recovery facilities may be omitted in hospitals with less than an average of 10 surgical procedures per day.

(k) Outpatient Suite. The outpatient suite shall be located to prevent outpatients from traversing inpatient areas and shall include:

(i) Well-marked and sheltered entry with nearby emergency parking and convenient access for ambulance.

(ii) Reception area with telephone, drinking fountain and toilet rooms.

(iii) Admissions and patients' records area.

(iv) Examination and treatment rooms.

(v) Emergency operating room sized as a minor operating room, provided with a flushing rim sink and a scrub sink or large lavatory.

(vi) Sterile storage.

(vii) Wheelchair and stretcher alcove.

(viii) Janitor's closet.

(ix) Utility room.

(x) Medicine preparation area.

(xi) Doctor's office.

(l) Dietetic Department. The construction, equipment and installation of the dietary department shall comply with or exceed minimum standards set forth in Regulations for Food Service Establishments as published by the Board. If a commercial service will be used, dietetic areas and equipment shall be designed to accommodate the requirements for sanitary storage, processing and handling. The dietetic department shall include:

(i) Food preparation center provided with handwashing sink.

(ii) Food serving facilities for patients and staff.

(iii) Dishwashing area shall include handwashing sink and be separate from food preparation area.

(iv) Potwashing facilities shall include a three compartment sink unless a mechanical dishwasher adequate to handle all pots is provided.

(v) Refrigerated storage for a three day supply minimum of perishable items.

(vi) Dry storage area for seven day supply minimum.

(vii) Cart cleaning facilities including water and steam outlets.

(viii) Cart storage area.

(ix) Waste disposal and trash holding facilities.

(x) Canwashing facilities.
(xi) Dining facilities for patients and staff.
(xii) Dietitian's office.
(xiii) Janitor's closet.
(xiv) Toilet room.

(m) Radiology Suite and Laboratory.

(i) The maximum size of a radiographic room shall be 200 square feet with a minimum dimension of 12 feet. The radiology suite shall contain:

(aa) Radiographic room. All radiographic, X-ray therapy and fluoroscopic rooms shall be shielded by lead lining or equivalent for the protection of patients and personnel. All equipment shall meet the requirements of Montana Rules and Regulations Pertaining to Radiation Control.
(ab) Film processing room.
(ac) Film filing room.
(ad) Toilet rooms adjoining each fluoroscopy room.
(ae) Dressing area.
(af) Holding area.
(ag) Waiting space.
(ah) Office with film viewing facilities.

(ii) The minimum clinical laboratory area shall be 180 square feet which does not include space for pathologist's office, records and specimen collection. In addition, the laboratory shall include glasswashing and sterilizing facilities and blood storage facilities with adequate alarm.

(n) Pharmacy or Drug Room.

(i) The drug room shall be adequate for the storage of pharmaceuticals and for record keeping purposes.

(ii) Where a pharmacy is provided, the minimum size shall be 80 square feet or 7 square feet per bed up to 400 square feet, whichever is larger. The pharmacy shall include:

(aa) Space for safe storage of narcotics and other dangerous drugs.
(ab) Space for compounding of drugs or similar work.
(ac) Refrigerator facilities for storage of biologicals.

(o) Central Supply and Central Storage.

(i) The central supply department shall be divided into three separate areas:

(aa) Receiving and cleanup room.
(ab) Clean workroom including storage area for sterile supplies.
(ac) Unsterile supply storage area.

(ii) Central storage room(s) shall be concentrated in one area and provide not less than 20 square feet per bed in total area. Employee's facilities shall include separate locker rooms for male and female employees. Safe storage lockers for purses should be provided either in locker rooms or in the immediate work area.

(p) Laundry. Laundry facilities shall include:

(i) Soiled linen room.

(ii) Clean linen and mending room.

(iii) Linen cart storage.

Where laundry is processed in the hospital, the following additional items shall be included:

(iv) Laundry processing room, divided into soiled and clean areas, each with handwashing lavatory.

(v) Janitor's closet.

(vi) Storage for laundry supplies.

(q) Engineering and Equipment Service Area. The engineering service and equipment area shall provide:

(i) Boiler room or central heating space. Where central heating is provided by direct combustion, space above the room in which the heating units are located shall not be used for hospital purposes, i.e., any space which can be expected to be occupied by patients either on a daily or round the clock basis.

(ii) Engineer's office.

(iii) Mechanical and electrical equipment room(s).

(iv) Maintenance shop shall have a minimum area of 150 square feet. In hospitals of approximately 50 beds, the engineer's office may be located in such shop.

(v) Storage for building maintenance supplies.

(vi) Storage for housekeeping equipment.

(vii) Toilet room.

(viii) Refuse room.

(ix) Incinerator space.

(x) Yard equipment storage room.

(r) Mechanical Equipment.

(i) Heating system.

(aa) The heating system shall have the capacity based on the manufacturer's net rating to supply the normal requirements of all systems and equipment. In the event of a shut down of any unit, the remaining heaters shall be so arranged and shall have the capacity to provide the necessary heat in all critical areas. An alternative method of heating may be provided for this purpose. The system shall be furnished and installed to meet the requirements of local codes and all codes listed in these standards.

(ab) The heating units shall be housed in a space which is heated with all equipment readily accessible for repair and maintenance. The supply of combustion air shall be arranged so that it is not conducive to cold drafts or freeze-up of piping.

(ac) Systems conveying fluids or gases at temperatures in excess of 130° F. shall be protected with insulation having a flame spread rating of 25 or less and a smoke-developed rating of 50 or less.

(ad) Supply and return mains and risers shall be valved to isolate the various sections of each system. Each individual piece of equipment shall be valved at the supply and return end.

(ae) All occupied areas will provide the minimum temperature indicated on Table I, copy of which follows this rule and by this reference is incorporated herein, at winter design conditions.

(ii) Humidifying system. The relative humidities indicated on Table I for the spaces concerned shall be provided on a year-round basis by a suitable humidifying system.

(iii) Ventilation system details. All air supply and air exhaust systems shall be mechanically operated. Air supply shall exceed air exhaust in the total facility by a minimum of 10 percent. The ventilation rates shown on Table I shall be considered as minimum acceptable rates.

(aa) Outdoor ventilating air intakes shall be separated as far as practicable from any system exhaust. Such intakes shall be located not less than eight feet above ground level, or if installed through the roof, three feet above roof level. Individual room air intakes are generally acceptable only for such areas as dietary and laundry.

(ab) Floor mounted grilles or registers are not acceptable.

(ac) The use of grilles or registers to remove air from any exit passageway is forbidden except for returning air to a recirculating system and to ventilate individual toilets and bathrooms or janitor's and similar small closets. There is no objection to exhaust to the outdoors. Return grilles with a face area greater than 20 square inches shall be fire dampered.

(ad) All air supplied to sensitive areas such as surgery, delivery or nursery shall be delivered at or near the ceiling of the area served. All air exhausted from anesthetizing areas shall be removed through a minimum of two grilles located not less than three inches above the floor.

(ae) Filters shall be provided as indicated on Table I. Filter bed #1 shall be located upstream of the conditioning equipment and Filter bed #2 shall be located downstream. The indicated filter efficiencies shall be warranted by the manufacturer and shall be based on the National Bureau of Standards Dust Spot Test Method with Atmospheric Dust. Filter frames shall be those supplied or recommended by the filter manufacturer and shall be carefully installed in accordance with his instructions. The exhaust from all laboratory hoods in which infectious or radioactive materials are processed, shall be equipped with filters having a 99 percent efficiency, based on the DOP (dioctyl-phthalate) test method.

(af) A manometer shall be installed across each filter bed serving a central air system.

(ag) Duct lining coverings, vapor barriers and the adhesive used for applying them shall have a flame spread classification of not more than 25 and a smoke-developed rating of not more than 50.

(ah) Acoustical lining materials shall not be used in the interior of duct systems serving sensitive areas such as operating and delivery rooms, nurseries and isolation rooms.

(ai) Ducts which pass through a required smoke barrier shall be provided with dampers which are actuated by products of combustion other than heat. These dampers shall be interconnected with the fire alarm system. Access for maintenance shall be provided.

(aj) Laboratory hoods for general use shall be the product of a manufacturer regularly engaged in the business and shall be suitable for the intended purpose. Attached duct systems shall be in accordance with the manufacturer's recommendations.

(ak) The air from dining areas may be used to ventilate the food preparation areas only after it has passed through a filter with 80 percent efficiency.

(al) Exhaust hoods in food preparation areas shall have a minimum exhaust rate of 100 cubic feet per minute per square foot of hood face area. Grease filters shall be provided. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-actuated fan controls. Cleanout openings shall be provided every 20'0" in horizontal exhaust duct systems serving hoods.

(iv) Incinerators and refuse chutes.

(aa) Incinerators shall be gas, electric or oil fired and shall be capable of but not limited to, the complete destruction of pathological wastes. One such installation is required in each hospital. State standards for air pollution shall be met.

(ab) Design and construction of incinerators and refuse chutes shall be in accordance with Part III of NFPA Standard No. 82.

(s) Plumbing.

(i) All parts of the plumbing system shall comply with the Montana Plumbing Code and the National Plumbing Code with special reference to the following:

(aa) The water supply of suitable quality shall be from a safe, sanitary source, the location, construction and operation of which has the approval of the Board and local water department.

(ab) Supply lines shall be free of cross-connections when an alternate source is available.

(ac) Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of 15 pounds per square inch during maximum demand periods.

(ad) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(ae) Hot, cold and chilled water piping and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior vapor barrier.

(af) Backflow preventers shall be installed on hose bibbs and on all fixtures to which hoses or tubing can be attached such as laboratory and janitor's sinks, bedpan flushing attachments and autopsy tables.

(ag) Flush valves installed on plumbing fixtures shall be of a quiet operating type equipped with silencers.

(ah) Bedpan flushing devices shall be provided in each patient toilet room and in the soiled workroom.

(ai) The materials used shall be of nonabsorptive acid-resistant material.

(aj) Lavatories and sinks required in patient care areas shall have the water supply spout mounted so that its discharge point is a minimum distance of 5 inches above the rim of the fixture. All fixtures used by medical and nursing staff and all lavatories used by patients and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall not exceed 4 1/2 inches in length, except that handles on scrub sinks and clinical sinks shall be 6 inches in length.

(ak) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(ii) Hot water equipment shall have sufficient capacity to supply:

(aa) Six and one-half gallons at 125° F. per hour per bed for clinical use and general use.

(ab) Four gallons at 180° F. per hour per bed for dishwashing purposes.

(ac) Four and one-half gallons at 180° F. per hour per bed for the laundry.

(iii) Where direct fired hot water heaters are used, they shall be of an approved high pressure type. Submerged steam heating coils shall be of copper. Storage tanks shall be of non-corrosive metal or be lined with non-corrosive materials to comply with the ASME Code for pressure vessels.

(iv) Drainage systems.

(aa) Drain lines and the vents from sinks in which acid wastes may be poured shall be fabricated from an acid-resistant material.

(ab) Floor drains shall not be installed in operating and delivery rooms.

(ac) Building sewers shall discharge into a community sewerage system. Any other system provided shall be as approved by the Board.

(v) Rainwater drains.

(aa) Leaders shall be provided to drain the water from roof areas to a point from which it cannot flow to the basement or areas around the building.

(ab) Where dry wells are used, they shall be located at least 20 feet from the building.

(vi) Gas appliances shall be approved by the American Gas Association and connected in accordance with the requirements of the company furnishing the gas.

(vii) Nonflammable medical gas system installations shall be in accordance with the requirements of NFPA Standard No. 565.

(t) Wet Standpipes.

(i) All facilities, not equipped with complete automatic sprinkler protection, shall be provided with wet standpipes consisting of a manual control valve, drip valve, 75 feet of 1 1/2 inch hose and adjustable fog nozzle mounted in a conspicuously marked cabinet.

(ii) At least one standpipe shall be provided for each fire zone of each floor, but in no case shall any portion of the fire zone be further than 20 feet from the nozzle of the nearest standpipe when the hose is stretched to its maximum reach.

(iii) Cabinets shall be located in public areas or corridors and shall contain, in addition to the hose, at least one portable fire extinguisher compatible with the surrounding hazards. It is recommended that multi-purpose units suitable for use on all fires be used.

(u) Fire Extinguishers--Fire Protection Facilities.

(i) In addition to those required in a preceding section, Class BC extinguishers shall be provided for areas containing electrical equipment, flammable liquids or drugs, heating and cooking equipment and other similar hazards.

(ii) Mounting shall be in flush-mounted cabinets in public areas and on brackets elsewhere in accordance with NFPA Standard No. 10.

(iii) Automatic fire extinguishing systems shall be installed in areas such as central soiled linen holding rooms, maintenance shops, trash rooms, bulk storage rooms and adjacent corridors, attics accessible for storage and laundry and trash chutes.

(iv) A manually operated fire alarm system shall be provided. The system shall be electrically supervised so that the occurrence of a break, ground fault or failure of the main power supply will be indicated by a distinctive trouble bell, located in an area where it is likely to be heard.

(v) In buildings divided into more than two zones, alarm systems shall be zone coded and annunciator panels provided at each nurses' station to indicate the zone of origin.

(vi) Manual fire alarm boxes shall be located near each main exit in the normal path of travel.

(vii) Alarm sounding devices shall be of such character and so distributed as to be effectively heard above all other sounds. Sounding devices shall be distinctive in pitch and quality from all other sounding devices and shall be used for fire alarm purposes only.

(viii) A connection shall be made between the manual fire alarm system and required automatic sprinkler systems and fire detection devices. Incidental functions, such as, but not limited to, shutting off fuel supplies or ventilating fans or switching on emergency lights may be accomplished by actuation of the fire alarm provided the effectiveness or reliability of the system is not impaired.

(ix) Arrangements shall be made for the prompt notification of the public fire department or such other outside assistance as may be available in case of fire or other emergency. In facilities with limited staffs, an outside sounding device to summon neighbors is recommended.

(v) Electrical Requirements.

(i) Codes.

(aa) Electrical installations shall be in accordance with applicable local codes and regulations. Where such codes are not in effect or where they do not cover special installations, the National Electrical Code shall govern.

(ab) The regulations of the local utility company shall govern service connections.

(ac) All material, including equipment, conductors, controls and signaling devices, shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriter's Laboratories, Inc. or other established standards.

(ii) Fixed and mobile X-ray shall be connected by means of independent feeders or circuits.

(iii) Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and distribution panelboards shall be enclosed or guarded to provide a deadfront type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes and in a dry ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(iv) Lighting and appliance panelboards shall be provided with the circuits on each floor. This requirement does not apply to emergency system circuits.

(v) Switches.

(aa) All switches for control of lighting or power in patient areas shall be of the quiet operating type.

(ab) Switches in oxygen or nitrous oxide enclosures shall be located five feet above the floor. All switches in anesthetizing locations shall be on the ungrounded circuit and shall be explosion proof if located less than five feet above the floor. Switches for general illumination in areas on the grounded circuit shall be located outside the room.

(vi) Lighting.

(aa) All spaces normally occupied by people, machinery and equipment within buildings, or entrances and approaches thereto and parking lots, shall have electric lighting. Lighting levels shall be in accordance with nationally recognized standards.

(ab) Patients' bedrooms shall have general lighting and night lighting, plus a reading light for each patient. Night lighting shall be switched at the entrance to the patient room or in a central location.

(ac) Operating and delivery rooms shall have general lighting for the room in addition to local lighting provided by special lighting units at the surgical and obstetrical tables. Each special lighting unit shall be connected to an independent circuit.

(vii) Receptacles.

(aa) Each operating, delivery and emergency room shall have at least three receptacles of the interchangeable type as defined in NFPA Standard No. 56. In locations where mobile X-ray is used, an additional receptacle distinctively marked for X-ray use shall be fed by an independent ungrounded circuit.

(ab) Each patient bedroom shall have duplex receptacles on each side of the head of each bed and one receptacle on another wall. Where luminaires and motorized beds are used, additional receptacles shall be provided.

(ac) In corridors, duplex receptacles shall be installed approximately 50 feet apart and within 25 feet of the end. Single receptacles for equipment such as floor cleaning machines shall be installed at approximately the same spacing and shall be polarized to prevent use interchange with X-ray receptacles. Single polarized receptacles marked for use of X-ray only shall be located in the corridors of patient areas so that mobile equipment may be used in any location within a patient room.

(ad) Units' receptacles in the pediatric area shall be of the safety type. Other accessible receptacles should be controlled by switches located at a nurses' station or other supervised location.

(viii) Equipment installation in special areas.

(aa) In any area where flammable anesthetics are normally used and in rooms for storage of flammable gases, all electrical equipment and devices including receptacles, wiring and conductive flooring installations shall comply with NFPA Standard No. 56A.

(ab) In any area where nonflammable anesthetics are normally used, all electrical equipment and devices including receptacles and wiring shall comply with NFPA Standard No. 56A.

A coronary care unit shall be wired as though it were a non-flammable anesthetic area except that an ungrounded electrical system will not be required.

(ac) X-ray stationary installations and mobile equipment shall conform to Article 660 of the National Electrical Code. The capacities of conductors supplying X-ray units, control, grounding and the overcurrent protective devices shall conform to NEMA Bulletin XR4-10.

(ix) Nurse call system. In each nursing unit, every patient shall be able to register a call at the nurses' station and workrooms and actuate a visual signal at his door. Emergency call stations shall be provided at each patient toilet, bath or shower room and for use by nurses in each operating, delivery, recovery, emergency and special care room as well as nurseries, pediatric units and supervised wards for mental patients.

(x) Emergency electrical service will meet the requirements of NFPA Standard No. 76A. In addition to the above requirements, the duplex receptacles in patient corridors, blood bank refrigerator receptacle and one receptacle in each nursery and intensive care unit shall be on the emergency circuits. The lighting and monitoring equipment in intensive care units and the lighting in nurseries, medication preparation areas and nurses' stations shall also be on the emergency circuit. Outlets on the emergency circuits shall be indicated. Where electricity is the only source of power normally used for space heating, emergency service shall provide for heating of operating, delivery, labor, recovery, intensive care, nurseries and patient rooms.

(xi) Emergency generator.

(aa) All hospitals shall be provided with a standby emergency generator of sufficient capacity and rating.

(ab) Location shall be in a separate fire-resistive enclosure or suitably isolated from patient areas and flammable gas storage.

(ac) Fuel tanks supplying gasoline-powered generators shall be located outside the building except that an integral tank, securely mounted on the engine assembly, may be permitted.

(ad) Liquid fuel shall feed to engines by pumps only except that gravity feed is permitted from integral tanks.

(ae) Piping to gas-fueled generators shall have an emergency shut-off valve remote from the engine, preferably outside the room or structure. An auxiliary valve shall also be provided which will stop the flow of gas in case the engine stops.

(af) Generators shall have an automatic speed governor and alarms or shut-down devices for excessive temperature or low oil pressure conditions.

(ag) Generators shall be inspected daily and exercised 30 minutes each week under load conditions.

(ah) A written record of inspection, preformance and exercising period shall be regularly maintained and available for inspection.

(xii) All lighting fixtures, wiring and equipment shall be tested for grounded, short or open circuits and to show that all equipment operates as specified. Certificate of approval of the electrical installation of the facility shall be issued by the inspector having jurisdiction and shall be furnished to the Board. This certificate shall indicate that the electrical installation in the building complies with local codes and the National Electrical Code. A written record of tests of conductive floors, ground contact indicators, radiation protection shall be supplied to the owner.

(w) Elevators and Dumbwaiters.

(i) Elevators and dumbwaiters shall comply with all local and state and national codes.

(ii) Elevators shall be installed in the facility if any patient bedroom or essential service is located on a floor above the street level. Passenger elevators shall have a platform size of not less than 5'4" x 8'0" and the door opening not less than 3'10".

(x) Flammable and Compressed Gases.

(i) Separate cylinder storage or manifold enclosures shall be provided for flammable gases and for oxidizing gases. Such enclosures shall serve no other purpose. Enclosures shall have at least a one-hour fire rating and shall not communicate directly with anesthetizing locations or each other.

(ii) All flammable gas enclosures and all oxidizing gas enclosures in excess of 1500 cu. ft. storage capacity shall be vented to the outside.

(iii) Racks or fastening devices shall be provided for all cylinders.

(iv) All electrical installations in flammable gas storage rooms and within five feet of the floor in oxidizing gas storage rooms shall be explosion proof.

(v) All pipeline nonflammable medical gas systems shall have a main shut-off valve located to be accessible in an emergency. Shut-off valves shall be provided at the base of each riser (multi-storied buildings) and at each lateral branch serving patient rooms.

(vi) All shut-off valves accessible to other than authorized personnel shall be installed in properly marked valve boxes with frangible windows.

(y) Exits.

(i) At least two exits remote from each other shall be provided for each floor or fire section of the building. Distance from the door of any room to an exit shall not exceed 100 feet. No deadend shall exceed 30 feet.

(ii) Any aisle or corridor designed to be used as a patient exit shall be not less than 8 feet in clear width.

(iii) All doorways to sleeping rooms, diagnostic and treatment areas and exit doors designed or required for patient use shall be of at least 44 inches in clear width.

(iv) No doors shall swing into exit corridors except closet doors.

(v) Doors in fire separations, horizontal exits and smoke-stop partitions may be held open only by electric hold-open devices. These doors shall be capable of being opened and closed manually and shall close automatically:

(aa) Upon activation of the manual fire alarm system in that fire zone.

(ab) Upon activation of an automatic sprinkler or heat detection system if so installed.

(ac) By smoke detection devices installed in such a way as to detect smoke or products of combustion on either side of the door opening.

(vi) Any door in stairway enclosures, boiler room or other hazardous areas shall not be equipped with hold-open devices.

(vii) Doors to sleeping rooms shall be at least one and three-quarter inch solid wood bonded core with latches of a type suitable for keeping the door tightly closed.

(viii) Any glass vision panels in doors or wall between corridors and patient sleeping or treatment rooms shall be wire glass set in metal frames and not exceeding 1296 sq. in. per light.

(ix) Every exit and the ways of access to such exits shall be illuminated and be provided with illuminated exit signs. Directional exit signs shall also be provided at corridor junctions and other areas where the exit way is not immediately visible.

(x) Main exterior doors which are clearly identifiable as exits need not be provided with signs, subject to approval by the authority having jurisdiction.

(z) Details and Finishes.

(i) Arrangement of the building shall be such that all normally occupied areas shall be accessible to and usable by the physically handicapped.

(ii) Exit facilities shall comply with the requirements of the Life Safety Code NFPA 101.

(iii) The maximum projections which will be allowed to in any way reduce the required width of exit corridors are handrails.

(iv) All doors to patients' rooms, toilets or bathrooms shall be equipped with hardware which will permit access in an emergency.

(v) Grab bars should be provided on patient toilets.

(vi) All doors opening onto corridors shall be swing-type except elevator doors. Alcoves and similar spaces which generally do not require doors are excluded from this requirement. No doors shall swing into the corridor except closet doors.

(vii) Threshholds and expansion joint covers shall be flush with the floor.

(viii) Paper towel and soap dispensers shall be provided at all lavatories and sinks used for handwashing.

(ix) Ceiling heights.

(aa) The height of the central heating room ceiling shall be not less than 2'6" above the main boiler header and connecting piping with a minimum height of 9'0".

(ab) All rooms having ceiling-mounted surgical light fixtures and radiographic rooms shall have a ceiling of not less than 9'0".

(ac) Corridors, patients' toilet rooms and other minor rooms shall have a ceiling of not less than 7'6".

(ad) All other rooms shall have a ceiling of not less than 8'0".

(x) Partition, floor and ceiling construction in patient areas shall comply with Table II, copy of which follows this rule and by this reference is incorporated herein.

(xi) Floors in anesthetizing areas and rooms used for storage of flammable anesthetic agents shall comply with NFPA Standard No. 56.

(xii) Floors in kitchens and related spaces shall be waterproof and grease proof. In all areas where floors are subject to wetting, they shall have a non-slip finish.

(xiii) Ceilings and walls shall be washable or easily cleanable. In the immediate area of plumbing fixtures, the finish shall be moistureproof.

(xiv) Ceilings shall be acoustically treated in corridors in patient areas, nurses' stations, labor rooms, nourishment stations, dining areas and day rooms.

(3) Existing Buildings--Conversions--Additions--Remodeling

(a) When any major remodeling or construction is contemplated involving major additions or major alterations which would interfere with the functional operation of the facility, complete plans and specifications must be submitted to the Department for approval prior to starting construction. The new construction standards will be applicable. The entire proposed unit when completed shall function adequately; otherwise, licensure of the entire unit may be denied.

(b) To make minor alterations which do not affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval in lieu of complete plans and specifications. If these minor alterations do not exceed $1,000, no advance approval by the Department is necessary.

(c) Unauthorized construction may jeopardize the licensure of the entire facility. If such construction does not meet general health, safety or other appropriate standards or rules, the license may be refused for the entire facility.

(d) Where more than one construction type can be found in multi-building facilities or within one building, there must be appropriate protection of each building or section thereof.

(e) Where old construction is of a type other than fire-resistive or protected non-combustible construction, these buildings shall be separated by at least two-hour fire-resistive construction and self-closing Class "B" doors.

(4) The state plan for hospitals and related health facilities is adopted as a rule. The state plan is for guiding and influencing the development of patient care service through the construction and modernization of hospitals and related medical facilities serving each area of the state, including interstate areas. It describes the present system of hospitals and related health facilities serving each area of the state, and presents a coordinated, comprehensive program for the orderly development of needed health services and facilities designed to assure high quality patient care. It serves as the basis for the allocation of funds from all sources for modernization and construction purposes as well as public grants-in-aid funds for these purposes.

The written state plan is voluminous, and its inclusion in full in this rule would be cumbersome. It is deemed not expedient to include the entire context of the plan, and the above summary of the plan is therefore given in this rule. Copy of the plan is available for inspection, or copy thereof may be obtained at the expense of the person requesting the same at prices fixed to cover the cost of duplication and mailing. Inquiries should be made of the director of the department for inspection of the plan or requesting a copy of the plan. (History: Sec. 69-5212, 69-5216, 69-5304, 69-5308, R.C.M. 1947; Order MAC No. 16-1; Adp. 12/31/72; Eff. 12/31/72.)

TABLE I
TEMPERATURE, HUMIDITY, PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN HOSPITAL AREAS

Area Designation	Pressure Relationship To Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour	Minimum Total Air Changes Per Hour
Operating Room	+	5	12
Emergency Operating Room	+	5	12
Delivery Room	+	5	12
Nursery	+	5	12
Recovery	0	2	6
Intensive Care	+	2	6
Patient Care	0	2	2
Patient Area Corridor	0	2	4
Isolation Room	0	2	6
Isolation Anteroom	0	2	6
Treatment Room	0	2	6
X-ray, Fluoroscopy Room	-	2	6
X-ray, Treatment Room	0	2	6
Physical Therapy & Hydrotherapy	-	2	6
Soiled Workroom	-	2	4
Clean Workroom	+	2	4
Autopsy and Darkroom	-	2	12
Toilet Room	-	--	10
Bedpan Room	-	--	10
Bathroom	-	--	10
Janitor's Closet	-	--	10
Sterilizer Equipment Room	-	--	10
Linen and Trash Chute Rooms	-	--	10
Laboratory, General	-	2	6
Laboratory, Media Transfer	+	2	4
Food Preparation Centers	0	2	10
Dishwashing Room	-	--	10
Dietary Day Storage	0	--	2
Laundry, General	0	2	10
Soiled Linen Sorting & Storage	-	--	10
Clean Linen Storage	+	2	2
Anesthesia Storage	0	--	8
Central Medical and Surgical Supply:			
Soiled or Decontamination Room	-	2	4
Clean Workroom	+	2	4
Unsterile Supply Storage	0	2	2

*Variable range required. + = Positive - = Negative
0 = Equal -- = Optional

Note: Where a recirculating air system is used, 30 and 90% filters shall be provided.

(Cont.) TEMPERATURE, HUMIDITY, PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN HOSPITAL AREAS

Area Designation	Filters	All Air Exhausted Directly To Outdoors	Temperature	Relative Humidity
	#1 #2			
Operating Room	30 - 90%	--	70-76*	50-60
Emergency Operating Room	30 - 90	--	75	
Delivery Room	30 - 90	--	70-76*	50-60
Nursery	30 - 90	--	75	50
Recovery	80	Yes	75	50-60
Intensive Care	30 - 90	--	70-80	30-60
Patient Care	80	--	75	
Patient Area Corridor	80	--	75	
Isolation Room	30 - 90	Yes	75	
Isolation Anteroom	80	Yes	75	
Treatment Room	80	--	75	
X-ray, Fluoroscopy Room	80	Yes	75	
X-ray, Treatment Room	80	--	75	
Physical Therapy & Hydrotherapy	80	--	75	
Soiled Workroom	80	--	75	
Clean Workroom	80	--	75	
Autopsy and Darkroom	80	Yes	75	
Toilet Room	--	Yes	75	
Bedpan Room	--	Yes	75	
Bathroom	--	Yes	75	
Janitor's Closet	--	Yes	75	
Sterilizer Equipment Room	--	Yes	75	
Linen and Trash Chute Rooms	--	Yes	75	
Laboratory, General	80	--	75	
Laboratory, Media Transfer	30 - 90	--	75	
Food Preparation Centers	80	Yes	75	
Dishwashing Room	--	Yes	75	
Dietary Day Storage	--	--	75	
Laundry, General	80	Yes	75	
Soiled Linen Sorting & Storage	--	Yes	75	
Clean Linen Storage	80	--	75	
Anesthesia Storage	--	Yes	75	
Central Medical and Surgical Supply:				
Soiled or Decontamination Room	--	--	75	
Clean Workroom	30 - 90	--	75	
Unsterile Supply Storage	30 - 90	--	75	

*Variable range required.   + = Positive   - = Negative
0 = Equal   -- = Optional

Note: Where a recirculating air system is used, 30 and 90% filters shall be provided.

TABLE II

SOUND TRANSMISSION LIMITATIONS FOR PARTITIONS AND FLOORS IN GENERAL HOSPITALS

Location	Airborne Sound Transmission Class (STC) a/ Partitions	Floors	Impact Noise Rating (INR) b/ Floors
Patients' room to patients' room	45	45	-2
Corridor to patients' room	40	45	+5 c/
Public space to patients' room d/	50	50	+5 c/
Service areas to patients' room e/	55	55	+10 c/

a/ Sound transmission class (STC) shall be determined by tests in accordance with methods set forth in ASTM Standard E 90-66T.

b/ Impact noise rating (INR) shall be determined in accordance with criteria set forth in FHA Pub. No. 750. Tests shall be conducted in accordance with ISO Recommendations No. 140-1960.

c/ Impact noise limitation applicable only when corridor, public space or service area is over patients' room.

d/ Public space includes lobbies, dining rooms, recreation rooms, treatment rooms and similar spaces.

e/ Service areas include kitchens, elevators, elevator machine rooms, laundries, garages, maintenance rooms, boiler and mechanical equipment rooms and similar spaces of high noise or vibration or both. Mechanical equipment located on the same floor or above patients' rooms, offices, nurses' stations and similar occupied spaces shall be effectively isolated from such spaces with respect to noise and vibration.

NOTE: The requirements set forth in this table assume installation methods which will not appreciably reduce the efficiency of the assembly as tested. Location of electrical receptacle grilles, ductwork and other mechanical items and blocking and sealing of partitions at floor and ceilings shall not compromise the sound isolation required.

16-2.22(2)-S2250 MENTAL HEALTH AND RETARDATION FACILITIES (1) Physical plant. The location shall be:

(a) Accessible to the center of community activities.

(b) Close to competent medical and surgical consultation and where employees can be recruited and retained.

(c) Away from nuisances detrimental to successful operations, such as commercial or industrial developments or other activities that produce noise or air pollution.

(d) Such that sufficient surrounding land is provided at the time of initial planning. Building shall not exceed one-half of the total site area. Future expansion must be considered.

(e) Free of flooding for the previous ten year period.

(f) Within the jurisdiction of a local fire authority capable of providing adequate fire fighting services.

(g) Within the jurisdiction of law enforcement.

(h) Provided with roads and walks suitably surfaced within the lot lines to the main entrance, ambulance entrance and services, including loading and unloading space for delivery trucks.

(i) Provided with off-street parking unless public transportation or public parking facilities are available. One car space per bed is minimum and one and one-half spaces are desirable.

(2) Site Survey and Soil Investigation. The applicant should provide for a site survey and soil investigation. The purpose of this survey and investigation is to obtain all information necessary for the design of the building foundations, mechanical and electrical connections to the building. The survey drawings shall show:

(a) The courses and distances of property lines of all parcels which comprise the site.

(b) Dimensions and locations of any buildings, structures, easements, rights of way, or encroachments on the site and the presence of any undeveloped mineral rights.

(c) Details of walls or foundations adjacent to the lot lines.

(d) Position, dimensions, and elevations of all cellars, excavations, wells, backfilled areas, and similar existing openings, and the elevations of any water therein.

(e) All trees which may be affected by the building operations.

(f) Detailed information relative to established curb and building lines and street, alley, sidewalk, and curb grades at or adjacent to the site and the materials of which they are constructed.

(g) Floor elevations shall be indicated for all existing buildings which are to be modernized or to which additions will be constructed.

(h) All utility services including pipe sizes, pressures, and electrical characteristics.

(i) The location and elevations of all piping, mains, sewers, poles, wires, hydrants, and manholes, upon, over, or under the site, or adjacent to the site, if within the limits of the survey.

(j) The probability of freshets over-running the site shall be investigated.

(k) Official data upon which elevations are based and a bench mark established on or adjacent to the site.

(l) Elevation on a grid system of not more than 20'0" intervals to indicate changes of slope over that portion of the site to be developed.

(m) Elevations of contours and bottoms of excavations.

(n) Contemplated date and description of any proposed improvements or utilities adjacent to the site.

(o) Certification on the survey drawing by the city engineer or other qualified official that the officially established street lines, grades of curbs, sidewalks, and sewers are correctly given.

(p) Borings or test pits shall extend into stable soils well below the bottom of any proposed foundations. A field log of the borings shall be made and the thickness, consistency, and character of each layer recorded.

(q) The amount and elevation of ground water encountered in each pit or boring.

(r) Appropriate laboratory tests shall be performed to determine the safe-bearing value and compressibility characteristics of the various strata encountered in each pit or boring.

(s) Maximum depth of frost penetration below surface of the ground shall be recorded.

(t) Make tests to determine whether soil contains alkali in sufficient quantitites to affect concrete.

(u) If the site is underlaid with mines, or if old workings are located in the vicinity, the elevation and location of the top of workings shall be determined.

(3) Construction requirements. The facility shall be structurally constituted in a manner that protects the lives and ensures the physical safety of patients, personnel and visitors. All new construction shall comply with the requirements of the codes listed in subsection (8) of this rule. In addition, the following minimum requirements shall be met:

(a) The building and all parts thereof shall be of sufficient strength to support all dead, live, and lateral loads without exceeding the working stresses permitted for the materials of the construction and generally accepted engineering practices.

(b) Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one foot below the estimated frost line, except that one story buildings may rest on a fill designed and supervised by a soils engineer. Bearing values for the soil shall be established in accordance with recognized standards.

(c) Footings, piers, and foundation walls shall be adequately protected against deterioration from the action of ground water.

(d) One-story buildings shall be constructed of not less than one-hour fire resistive construction throughout except as follows:

(i) Rooms housing automatic combustion equipment and storage rooms of 100 square feet or greater area shall be of two-hour noncumbustible fire resistive construction. Separate buildings housing only combustion equipment shall be on incombustible construction, but need not be rated.

(ii) Heavy timber construction may be used if the areas are suitably fire separated from patient bed areas, do not form a major circulation element in the facility, and do not serve as a required means of egress.

(iii) Structures built of other than noncombustible materials shall be divided into areas not exceeding 5,200 square feet by two-hour firewalls and shall otherwise adhere to the floor area restrictions set forth in the Uniform Building Code.

(e) For all buildings more than one story in height, the structural frame work and building elements shall be an appropriately fire resistive combination of materials using steel, concrete, or masonry. Load bearing walls may be used only for exterior walls, firewalls, and vertical shafts.

(f) The fire resistive requirements of the various building elements shall follow the requirements of the Uniform Building Code, except for modifications listed below:

(i) Corridor partitions shall be one-hour fire resistive construction.

(ii) Walls enclosing stairways, elevators, laundry and trash chutes, and other vertical shafts, rooms housing automatic combustion equipment, and areas used for storage of combustible materials, 100 square feet or greater, shall be of two-hour noncombustible construction. Separate buildings housing only combustion or service equipment shall be of incombustible construction but need not be fire rated.

(g) Each floor shall be divided into at least two fire zones by a smoke-stop partition with additional partitions to limit corridor length to 150 feet or less. Partitions shall be one-hour rated and continuous through any concealed space such as between the suspended ceiling and the floor or roof above, with openings in corridors and public areas only. All openings shall be equipped with self-closing doors.

(h) Every unoccupied attic shall be subdivided by firestops into areas not exceeding 3,000 square feet. Concealed space above suspended ceilings shall be firestopped to form areas not exceeding 1,000 square feet.

(i) Linen and refuse chutes, dumbwaiters, conveyors, and material handling systems shall not open into any corridor or exitway, but shall open into a room enclosed by not less than one-hour construction. In addition, linen and refuse chutes shall have a minimum diameter of 20 inches and shall either be of two-hour construction, extending above the roof and covered with a metal skylight glazed with plain glass, or of one-hour construction, equipped with an automatic sprinkler head at the uppermost level, at each alternate floor level, and in the termination room.

(j) Interior finish shall be Class A in all patient areas except that Class B materials may be used in individual rooms of not over four persons capacity. Interior finish in public areas may be Class B if separated from patient areas.

(k) Interior finish of walls and ceilings of all exitways, storage rooms and areas of unusual fire hazard shall have a flame spread rating of not more than 25. All other areas shall have a flame spread rating of not more than 75, except that up to ten percent of the aggregate wall and ceiling area may have a finish with a rating up to 200. Floor finish materials shall have a flame spread rating of not more than 75. Flame spread ratings for each specific product shall be determined by an independent testing laboratory in accordance with ASTM Standard No. E84-61.

(4) All plans for new construction, alteration, major remodeling, or changes in existing facilities shall be submitted, before construction is begun, to the department for review and approval. Two stages of plan submittal are required, but additional intermediate stages may be submitted at the option of the architect or owner.

(5) First stage -- program and schematics.

(a) Program.

(i) List in outline form the rooms or spaces to be included in each department, explaining the functions or services to be provided in each, indicating the approximate size, the number of personnel, and the kind of equipment or furniture it will contain. Unusual services or equipment to be included in the facility should be specially noted.

(ii) For inpatient facilities, submit a schedule showing total number of beds, type of rooms (single or double), distribution of services (such as medicine and surgery).

(iii) Provide an outline of construction materials proposed for this facility.

(iv) Preliminary cost estimate should be submitted.

(b) Schematic plans.

(i) Single line drawings of each floor shall show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room shall be noted. The proposed roads and walks, service and entrance courts, parking and orientation may be shown on either a small plot plan or the first floor plan.

A simple vertical space diagram shall be submitted at this stage.

(ii) Total floor area and number of beds shall be noted on the plans.

(iii) Either at this time or after approval of the above drawing, submit single line drawings of the mechanical system proposed for the facility. All duct layouts should be indicated, the location of space heaters and of boilers and major associated equipment of the central heating, ventilating, and/or cooling units. It is recommended that a list of the proposed plumbing fixtures be provided at this time.

(iv) Electrical. Show power and light systems for typical areas such as patient rooms, anesthetizing areas, etc. The location of transformers, main switch, switchboards, and generator sets should be indicated at this time.

(6) Second stage -- working drawings and specifications.

(a) Working drawings require approval by the department and the State Fire Marshal.

(b) All plans and specifications shall be certified by an engineer or architect licensed to practice in Montana. All new construction shall be in accordance with applicable local, state and national building codes and regulations. The certification shall state that the plans and specifications are in accordance with regulations and standards of the department and shall name the national and local codes in preparations.

(7) Working drawings shall be complete and adequate for bid, contract, and construction purposes. Drawings shall be prepared for each of the following branches of the work: architectural, structural, mechanical, and electrical.

(a) Architectural drawings shall include a plot plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new buildings and structures, roadways, walks, and the extent of the areas to be seeded. Any structures and improvements which are to be removed as part of the work shall be shown. A print of the site survey drawing shall be included with the working drawings.

(i) Plan of each basement, floor, and roof.
(ii) Elevations of each facade.
(iii) Sections through building.
(iv) Required scale and full-size details.
(v) Schedule of doors and finishes.
(vi) Location of all fixed equipment.
(vii) Adequate details of any conveying systems.

(b) Structural drawings shall include plans for foundations, floors, roofs, and all intermediate levels with sizes, sections, and the relative location of the various structural members and all other information necessary for construction purposes.

(c) Mechanical drawings shall include:

(i) Heating, steam piping, and air conditioning systems in sufficient detail to enable review by the department and adequate for construction purposes.

(ii) Plumbing, drainage, and standpipe systems. These shall include the size and elevation of street sewer, house sewer, house drains, street water main, and water services into the building. Size and location of all piping, riser diagram of all plumbing stacks with vents, water risers and fixture connections, any gas, oxygen and special connections, the standpipe and sprinkler systems, and all fixtures and equipment requiring water and drain connections.

(d) Electrical drawings shall include the complete power and lighting layout of all electrical systems to be included in the construction. This shall include telephone layouts, nurses' call system, fire alarm system, and the emergency electrical system.

(e) Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanship, finishes and all other characteristics of all materials and equipment.

(f) Written approval for all proposed construction for existing building utilization is limited to a period of one calendar year from its date of issuance and applies only to one location. Reapproval must be obtained when a new site is considered.

(g) All building construction shall be subject to inspection by representatives of local and state agencies.

(h) Patients shall not be admitted, housed, treated, or cared for in new construction until it is licensed.

(i) To make minor alterations which do affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval in lieu of complete plans and specifications.

(8) Construction codes. Where there is a difference between national, state, or local codes, the code having the highest standard shall prevail. Compliance with applicable provisions of the following codes is mandatory.

(a) National Plumbing Code.

(b) Montana Plumbing Code.

(c) National Electrical Code.

(d) Regulations for food service establishments as set forth in MAC 16-2.14(2)-S14210.

(e) Uniform Building Codes of the International Conference of Building Officials.

(f) American Concrete Institute.

(g) American Institute for Steel Constructors.

(h) American Standard Safety Code for Elevators, Dumbwaiters, and Escalators.

(i) All standards and codes where applicable to medical facility construction as published by the National Fire

Protection Association, 60 Batterymarch Street, Boston, Mass., 02110.

(j) United States of America Standards Institute, Standard No. A117.1 - 1961.

(9) Minimum design requirements.

(a) The Administration Department shall include:

(i) Business office.

(ii) Cashier's station.

(iii) Information center.

(iv) Administrator's office.

(v) Admitting office.

(vi) Staff lounge with doctor's coat room.

(vii) Medical library.

(viii) Lobby.

(ix) Public and staff toilet rooms.

(x) Director of Nurses' office, if required.

(xi) Housekeeper's office or space, if required.

(xii) In many facilities, many of the above items may be combined.

(b) Medical records unit shall include:

(i) Active records storage area.

(ii) Record review and dictating room.

(iii) Work area of sorting, recording or microfilming.

(iv) Inactive records storage area.

(v) In many facilities the records unit is combined with administration.

(c) Nursing unit. A nursing unit of not more than 40 beds is recommended; no patient room shall be located more than 120 feet from the nurses' station, the clean workroom and the soiled workroom. The following facilities are required for each nursing unit when applicable:

(i) Patient rooms.

(ii) Nurses' station.

(iii) Nurses' toilet room convenient to but not in nurses' station.

(iv) Nurses' office. (May serve more than one nursing unit.)

(v) Clean workroom.

(vi) Soiled workroom.

(vii) Medicine room.

(viii) Clean linen storage, an enclosed storage space which may be a designated area within the clean workroom.

(ix) Nourishment station. (May serve more than one nursing unit.)

(x) Equipment storage room.

(xi) Patient baths. One shower stall or one bathtub for each 15 beds, not individually served.

(xii) Stretcher and wheelchair parking area or alcove.

(xiii) Janitor's closet.

(xiv) Wheelchair toilet.

(d) A psychiatric unit in a general hospital, if excluded as a separate unit, should be designed as other units, except that care must be taken to prevent the patient's escape, suicide or hiding. Added to the regular nursing unit shall be a doctor's office, examination and treatment room, conference room, dining room and day room.

(e) Surgical suite, when included, shall be located to prevent through traffic. Each suite shall consist of:

(i) One or more operating rooms.

(ii) A cystoscopy room is required in a facility of over 150 beds. This room may be located anywhere in the hospital.

(iii) Recovery facilities. (May be deleted in hospitals with less than an average of ten surgical procedures per day.)

(iv) Surgical supervisor's station.

(v) Facilities for storage and preparation of medication.

(vi) Scrub-up facilities.

(vii) Soiled workroom.

(viii) Storage for sterile and unsterile supplies. (May be in clean workroom.)

(ix) Anesthesia workroom.

(x) Storage room for anesthetic agents.

(xi) Nitrous oxide and oxygen facilities. (Provide storage if these services are not piped in.)

(xii) Clean workroom.

(xiii) Equipment storage room. For surgical and monitoring equipment.

(xiv) Janitor's closet.

(xv) Clothing change areas, lockers, and toilet rooms for doctors, nurses, orderlies, and other personnel.

(xvi) Stretcher alcove.

(xvii) Holding area for patients in facilities with more than two operating rooms.

(xviii) Sterilizing facilities in suites with more than two operating rooms.

(f) The outpatient suite shall be located to prevent outpatients from transversing inpatient areas and shall include:

(i) Well-marked and sheltered entry with nearby emergency parking and convenient access for ambulance.

(ii) Reception area with telephone, drinking fountain, and toilet rooms.

(iii) Admissions and patients' records area.

(iv) Examination and treatment rooms.

(v) Emergency room.

(vi) Sterile storage.

(vii) Wheelchair and stretcher alcove.

(viii) Janitor's closet.

(g) The radiology suite, when applicable, shall contain:

(i) Radiographic room.

(ii) Film processing room.

(iii) Film filing room.
(iv) Toilet rooms, adjoining each fluoroscopy room.
(v) Dressing area.
(vi) Holding space.
(vii) Waiting space.
(viii) Office with film viewing facilities.

(h) The laboratory suite, when applicable, shall provide chemistry, bacteriology, serology, pathology, and hematology services. The spaces provided shall include:
(i) Glasswashing and sterilizing facilities.
(ii) Recording and filing facilities.
(iii) Office.
(iv) Blood storage room. (May be located in another area.)
(v) Specimen collection room. (With water closet and lavatory.)

(i) The dietary department, when applicable, shall include:
(i) Food preparation center. Provide hand-washing lavatory.
(ii) Food serving facilities. (For patients and staff.)
(iii) Dishwashing area. Separate from food preparation area.
(iv) Potwashing facilities. Three compartment sink required.
(v) Refrigerated storage. Three day supply minimum.
(vi) Dry storage. Three day supply minimum.
(vii) Cart cleaning facilities.
(viii) Cart storage area.
(ix) Waste disposal and trash holding facilities.
(x) Canwashing facilities.
(xi) Dining facilities. (For patients and staff.)
(xii) Dietitian's office.
(xiii) Janitor's closet.
(xiv) Toilet room. Provide lavatories in the food preparation center and the dishwashing area. When commercially prepared meals and/or disposables are used, changes in the above may be made to accommodate the requirements for sanitary storage, processing and handling.

(j) The drug room shall be adequate for the storage of pharmaceuticals and for record keeping purposes. When a pharmacy is provided, space for the compounding of drugs or similar work shall be furnished.

(k) The central medical and surgical supply department, when applicable, shall be divided into three separate areas:
(i) Receiving and cleanup room.
(ii) Clean workroom.
(iii) Unsterile supply storage area.

(l) Laundry facilities, when applicable, shall include:
(i) Soiled linen room.
(ii) Clean linen and mending room.

(iii) Linen cart storage.

When laundry is processed in the facility, the following additional items shall be included:

(iv) Laundry processing room divided into soiled and clean areas, each with handwashing lavatories provided with soap and towel dispenser.

(v) Janitor's closet.

(vi) Storage for laundry supplies.

(m) Employee's facilities shall include:

(i) Nurses' locker room.

(ii) Female locker room.

(iii) Male locker room.

(n) The engineering service and equipment areas, when applicable, shall provide:

(i) Boiler room or central heating space.

(ii) Engineer's office.

(iii) Mechanical and electrical equipment room(s).

(iv) Maintenance shop.

(v) Storage for building maintenance supplies.

(vi) Storage for housekeeping equipment.

(vii) Toilet and shower rooms.

(viii) Refuse room.

(ix) Incinerator space.

(x) Yard storage.

(10) Mechanical equipment.

(a) Heating system.

(i) The heating unit shall have the capacity based on the manufacturer's net rating to supply the normal requirements of all systems and equipment. In the event of a shut down of any unit, the remaining heaters shall be so arranged and shall have the capacity to provide the necessary heat in all critical areas. An alternative method of heating may be provided for this purpose. In any case, the heating system shall be furnished and installed to meet the requirements of local codes and all codes previously listed in these standards.

(ii) The heating units shall be housed in a space which itself is heated and with all equipment readily accessible for repair and maintenance. The supply of combustion air shall be arranged so that it is not conducive to cold drafts or freeze-up of piping.

(iii) Covering. Systems conveying fluids or gases at temperatures in excess of 130° F. shall be protected with insulation having a flame-spread rating of 25 or less and a smoke-developed rating of 50 or less.

(iv) Supply and return mains and risers shall be valved to isolate the various sections of each system. Each individual piece of equipment shall be valved at the supply and return end.

(v) All occupied areas will provide the minimum temperature indicated on Table 2, copy of which follows this rule and by this reference is incorporated herein, at winter design conditions.

(b) Humidifying system.

(i) The relative humidities indicated on Table 2 for the spaces concerned shall be provided on a year-round basis by a suitable humidifying system.

(c) Ventilation system details. All air supply and air exhaust systems shall be mechanically operated. Air supply shall exceed air exhaust in the total facility by a minimum of ten percent. The ventilation rates shown on Table 2 shall be considered as minimum acceptable rates.

(i) Outdoor ventilating air intakes shall be separated as far as practicable from any system exhaust. Such intakes shall be located not less than three feet above ground or roof level. Individual room air intakes are generally acceptable only for such areas as dietary, laundry, etc.

(ii) Floor mounted grilles or registers are not acceptable.

(iii) The use of grilles or registers to remove air from any exit passage way is forbidden except for returning air to a recirculating system and to ventilate individual toilets and bathrooms or janitor's and similar small closets. There is no objection to exhaust to the outdoors. Return grilles with a face area greater than 20 square inches shall be fire dampered.

(iv) All air supplied to sensitive areas such as surgery, delivery, or nursery shall be delivered at or near the ceiling of the area served. All air exhausted from anesthetizing areas shall be removed through a minimum to two grilles located not less than three inches above the floor.

(v) Filters shall be provided as indicated on Table 2. Filter bed #1 shall be located upstream of the conditioning equipment and filter bed #2 shall be located downstream. The indicated filter efficiencies shall be warranted by the manufacturer and shall be based on the National Bureau of Standards Dust Spot Test Method with Atmospheric Dust. Filter frames shall be those supplied or recommended by the filter manufacturer and shall be carefully installed in accordance with his instructions. The exhaust from all laboratory hoods in which infectious or radioactive materials are processed shall be equipped with filters having a 99 percent efficiency, based on the DOP (dioctyl-phthalate) test method.

(vi) A manometer shall be installed across each filter bed serving central air system.

(vii) Duct-lining coverings, vapor barriers, and the adhesive used for applying them, shall have a flame-spread classification of not more than 25 and a smoke-developed rating of not more than 50.

(viii) Acoustical lining materials shall not be used in the interior of duct systems serving sensitive areas such as operating and delivery rooms, nurseries, and isolation rooms.

(ix) Ducts which pass through a required smoke barrier shall be provided with dampers which are actuated by products of combustion other than heat. These dampers shall be interconnected with the fire alarm system. Access for maintenance shall be provided.

(x) Laboratory hoods, in general, shall be the product of a manufacturer regularly engaged in the business and shall be suitable for the intended purpose. Attached duct systems shall be in accordance with the manufacturer's recommendations.

(xi) The air from dining areas may be used to ventilate the food preparation areas only after it has passed through a filter with 80 percent efficiency.

(xii) Exhaust hoods in food preparation areas shall have a minimum exhaust rate of 100 cubic feet per minute per square foot of hood face area. Grease filters shall be provided. All hoods over cooking ranges shall be equipped with fire extinguishing systems and heat-actuated fan controls. Cleanout openings shall be provided every twenty feet in horizontal exhaust duct system serving hoods.

(d) Incinerators and refuse chutes:

(i) Incinerators shall be gas, electric or oil fired, and shall be capable of, but need not be limited to, the complete destruction of pathological wastes. One such installation is required in each facility. State standards for air pollution shall be met.

(ii) Design and construction of incinerators and refuse chutes shall be in accordance with Part 3 of NFPA Standard No. 82.

(11) Plumbing.

(a) All parts of the plumbing system shall comply with the Montana Plumbing Code, and the National Plumbing Code with special reference to the following:

(i) The water supply of suitable quality shall be from a safe, sanitary source, the location, construction and operation of which has the approval of the department.

(ii) Water service shall be brought into the building to comply with the requirements of the local water department and the department.

(iii) Supply lines shall be free of cross-connections when an alternate source is available.

(iv) Systems shall be designed to supply water to the fixtures and equipment on the upper floors at a minimum pressure of 15 pounds per square inch during maximum demand periods.

(v) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(vi) Hot, cold, and chilled water piping, and waste piping on which condensation may occur shall be insulated. Insulation of cold and chilled water lines shall include an exterior vapor barrier.

(vii) Backflow preventers shall be installed on hose bibs and on all fixtures to which hoses or tubing can be attached such as laboratory and janitor's sinks, bedpan flushing attachments, and autopsy tables.

(viii) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.

(ix) Bedpan flushing devices shall be provided in each patient toilet room and in the soiled workroom.

(x) Hot water distribution systems shall be arranged to provide hot water at each fixture at all times.

(b) Hot water equipment shall have sufficient capacity to supply:

(i) Six and one-half gallons at 125° F. per hour per bed for clinical use and general use.

(ii) Four gallons at 180° F. per hour per bed for dishwashing purposes.

(iii) Four and one-half gallons at 180° F. per hour per bed for the laundry.

(c) When direct fired hot water heaters are used, they shall be of an approved high pressure type. Submerged steam heating coils shall be of copper. Storage tanks shall be of non-corrosive metal or be lined with non-corrosive material to comply with the ASME Code for pressure vessels.

(d) Drainage systems:

(i) Drain lines from sinks in which acid wastes may be poured shall be fabricated from an acid-resistant material.

(ii) Floor drains shall not be installed in operating and delivery rooms.

(iii) Building sewers shall discharge into a community sewerage system. Any other system provided shall be as approved by the department.

(e) Rainwater drains:

(i) Leaders shall be provided to drain the water from roof areas to a point from which it cannot flow to the basement or areas around the building.

(ii) Where dry wells are used, they shall be located at least 20 feet from the building.

(f) Gas piping in appliances. Gas appliances shall be approved by the American Gas Association and connected in accordance with the requirements of the company furnishing the gas.

(g) Nonflammable medical gas systems. Installation shall be in accordance with the requirements of NFPA Standard No. 565.

(h) Fire extinguishing systems. Automatic fire extinguishing systems shall be installed in areas such as central soiled linen holding rooms, maintenance shops, trash rooms, bulk storage rooms, and adjacent corridors, attics accessible for storage, and laundry and trash chutes. Sprinkler heads shall be installed at the top and at alternate floor levels of trash and laundry chutes.

(i) Plumbing fixtures.

(i) The material used shall be of non-absorptive acid resistant material.

(ii) Lavatories and sinks required in patient care areas shall have the water supply spout mounted so that its discharge point is a minimum distance of five inches above the rim of the fixture. All fixtures used by medical and nursing staff, and all lavatories used by patients and food handlers shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used for this purpose, they shall not exceed 4 1/2 inches in length, except that handles on scrub sinks and clinical sinks shall be six inches in length.

(iii) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(12) Sprinkler system. Sprinkler systems shall be in compliance with the requirements of the Montana State Fire Marshal and Fire Underwriters.

(13) Wet Standpipes. All facilities not equipped with complete automatic sprinkler protection shall be provided with wet standpipes, consisting of a manual control valve, drip valve, 75 feet of 1 1/2 inch hose, and adjustable fog nozzle, mounted in a conspicuously marked cabinet. At least one standpipe shall be provided for each fire zone of each floor, but in no case shall any portion of the fire zone be further than 20 feet from the nozzle of the nearest standpipe when the hose is stretched to its maximum reach. Cabinets shall be located in public areas or corridors and shall contain, in addition to the hose, at least one portable fire extinguisher compatible with the surrounding hazards. (It is recommended that multi-purpose units suitable for use on all fires be used for simplicity in maintenance, training, and use.) Additional emergency equipment, such as keys, tools, flashlights, etc., may also be located in this cabinet.

(14) Fire extinguishers. In addition to those required in the preceding subsection, Class BC extinguishers shall be provided for areas containing excessive electrical equipment, flammable liquids or drugs, heating and cooking equipment, and other similar hazards. Mounting shall be in flush-mounted cabinets in public areas and on brackets elsewhere.

(15) Electrical requirements.

(a) Codes.

(i) Electrical installations shall be in accordance with applicable local codes and regulations. Where such codes are not in effect, or where they do not cover special installations, the National Electrical Code shall govern.

(ii) The regulations of the local utility company shall govern service connections.

(iii) All material, including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities shown in the specifications or indicated on the plans. All materials shall be listed as complying with applicable standards of Underwriter's Laboratories, Inc.,,or other similarly established standards.

(b) Fixed and mobile X-ray units shall be connected by means of independent feeders or circuits.

(c) Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and distribution panelboards shall be enclosed or guarded to provide a deadfront type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons.. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry, ventilated space devoid of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in the ambient temperature conditions.

(d) Lighting and appliance panelboards shall be provided with the circuits on each floor. This requirement does not apply to emergency system circuits.

(e) Switches.

(i) All switches for control of lighting or power in patient areas shall be of the quiet operating type.

(ii) Switches in oxygen or nitrous oxide enclosures shall be located five feet above the floor. All switches in anesthetizing locations shall be on the ungrounded circuit and shall be explosion proof if located less than five feet above the floor. Switches for general illumination in such areas which are on the grounded circuit shall be located outside the room.

(f) Lighting.

(i) All spaces normally occupied by people or where entrance is occasionally necessary for maintenance or other purpose and the adjacent parking lots shall have electric lighting. Lighting levels shall be in accordance with nationally recognized standards.

(ii) Patients' bedrooms shall have adequate lighting. Night lighting, if required, shall be available.

(iii) Operating rooms shall have general lighting for the room in addition to local lighting provided by special lighting units at the surgical and obstetrical tables. Each special lighting unit shall be connected to an independent circuit.

(g) Receptacles.

(i) Anesthetizing locations. Each operating, delivery, and emergency room shall have at least three receptacles of the interchangeable type as defined in NFPA Standard No. 56. In locations where mobile X-ray is used, an additional receptacle, distinctively marked for X-ray use, shall be fed by an independent ungrounded circuit.

(ii) Corridors. Duplex receptacles shall be installed approximately fifty feet apart in all corridors and within 25 feet of the end of corridors. In addition, single receptacles for equipment such as floor cleaning machines shall be installed at approximately the same spacing and shall be polarized to prevent use interchange with X-ray receptacles. Single polarized receptacles marked for use of X-ray only shall be located in the corridors of patient areas so that mobile equipment may be used in any location within a patient room.

(h) Equipment installation in special areas.

(i) Installation in hazardous areas. In any area where flammable anesthetics are normally used and in rooms for storage of flammable gases, all electrical equipment and devices including receptacles, wiring and conductive flooring installations shall comply with NFPA Standard No. 56.

(ii) Stationary X-ray installations and mobile equipment shall conform to Article 660 of the National Electrical Code. The capacities of conductors supplying X-ray units, control, grounding, and the overcurrent protective devices shall conform to NEMA Bulletin XR4-10,

(i) Nurse call system. Emergency calling stations must be provided on supervised wards for mental patients.

(j) A manually-operated, electrically-supervised fire alarm system shall be installed in each facility with a total floor area exceeding 5,000 square feet. Pre-signal systems will not be permitted.

(k) Emergency electrical service will meet the requirements of NFPA Standard No. 76.

(l) Emergency generator.

(i) All hospitals and other medical facilities maintaining critical electrical equipment shall be provided with a standby emergency generator of sufficient capacity and rating to adequately supply the essential electrical circuits.

(ii) Location shall be in a separate fire-resistive enclosure or suitably isolated from patient areas and not in a location where flammable gases or liquids, combustible dusts or flyings, normally exist.

(iii) Fuel tanks supplying gasoline powered generators shall be located outside the building except that an integral tank, securely mounted on the engine assembly, may be permitted.

(iv) Liquid fuel shall feed to engines by pumps only, except that gravity feed is permitted from integral tanks.

(v) Piping to gas fueled generators shall have an emergency shut-off valve remote from the engine, preferably outside the room or structure. An auxiliary valve shall also be provided which will stop the flow of gas in case the engine stops.

(vi) Generators shall have an automatic speed governor and alarms or shut-down devices for excessive temperature or low oil pressure conditions.

(vii) Instructions for starting, stopping, operation and routine maintenance shall be posted on or near each generator.

(viii) Generators shall be inspected daily and exercised for at least thirty minutes under load conditions each week.

(ix) A written record of inspection, performance and exercising period shall be regularly maintained and available for inspection.

(m) All lighting fixtures, wiring and equipment shall be tested for grounded, short or open circuits and to show that all equipment operates as specified. Certificate of approval of the electrical installation of the facility shall be issued by the inspector having jurisdiction and shall be furnished to the department. This certificate shall indicate that the electrical installation in the home complies with local codes and the National Electrical Code. A written record of tests of conductive floors, ground contact indicators, radiation protection shall be supplied to the owner.

(16) Elevators and dumbwaiters.

(i) Elevators and dumbwaiters shall comply with all local and state codes, American Standard Safety Codes for Elevators, the National Board of Fire Underwriters, the National Fire Protection Association and the National Electrical Code.

(ii) Elevators shall be installed in the facility if any patient bedroom is located on floors above the street level. Passenger elevators shall have a platform size of not less than 5'4" x 8'0" and the door opening not less than 3'10".

(17) Service areas in each nursing unit. The size of each service area depends on the number and types of beds within the unit and include:

(i) Nurses' station. Shall be adequate in size to provide for nurses' charting, doctor's charting, communications, and storage for supplies and nurses' personal effects.

(ii) There shall be a nurses' toilet room convenient to but not in the nurses' station.

(iii) Medicine room. Adjacent to nurses' station with sink, refrigerator, locked storage, and facilities for preparation and dispensing of medication. (May be a designated area within the clean workroom if a self-contained cabinet is provided.)

(iv) Clean workroom. For storage and assembly of supplies for nursing procedures. Shall contain work counter and sink, and shall be a minimum of 100 square feet with at least a 4'0" aisle.

(v) Soiled workroom. Shall contain clinical sink, work counter, waste receptacles, and soiled linen receptacles. The area shall be a minimum of 100 square feet with at least a 4'0" aisle.

(vi) Clean linen storage. An enclosed storage space which may be a designated area within the clean workroom shall be provided and shall be a minimum of 8 square feet.

(vii) Equipment storage room. For storage of I.V. stands, inhalators, air mattresses, walkers, and similar bulky equipment, the storage area should consist of 20 square feet per bed in the unit.

(viii) Stretcher and wheelchair parking area or alcove.

(ix) Janitor's closet.

(18) Patient rooms.

(a) Each single bedroom shall have at least 100 square feet of usable floor area exclusive of vestibules, toilet rooms, built-in drawers, closets, wardrobes, or door swings. APA and AAMD do approve 80 square feet in single unit rooms.

(b) Each multiple bedroom shall have at least 80 square feet per bed of usable floor area exclusive of vestibules, toilet rooms, built-in drawers, closets, wardrobes, or door swings. There shall be three feet minimum distance between each bed and two feet between the bed and the wall. No patient bed shall be more than one bed removed from an outside window. Maximum room capacity shall be four patients. APA and AAMD do approve of 70 square feet per patient in multi-bed areas.

(c) No bed facilities of any type shall be located in hallways or in other than approved bedrooms.

(d) Windowsills shall not be higher than three feet above the floor and shall be above grade for a distance of twenty feet from such window. Window areas in patient rooms shall be equal to 1/8 of the floor area of the room, and may be equipped with security screens or security glass if considered necessary.

(e) Every patient room shall have direct access to the corridor and outside exposure.

(f) No patient room shall be located more than 120 feet from the nurses' station, the clean workroom and the soiled workroom.

(g) Isolation rooms for the particular use of those prone to infections, as well as those suffering from infection, shall be provided. Each such room shall have.

(i) Only one patient per room.

(ii) Lavatory within patient room or toilet room.

(iii) View window for nursing observation.

(iv) Separate toilet room with bath or shower.

(v) An anteroom with adequate facilities to maintain aseptic conditions including lavatory or sink. Facilities for clean and soiled gowns and masks shall also be provided. (One anteroom may serve several isolation rooms.)

(19) Bath and toilet facilities.

(a) One shower stall or one bathtub for each fifteen beds not otherwise served is required. No nursing unit shall be without bathing facilities. All bathtubs shall be provided with non-slip surfaces. Grab bars shall be provided at all bathing fixtures. It is recommended that the showers be provided without curbs.

(b) One toilet may serve each eight patients.

(c) A lavatory shall be provided for each six patients.

(20) The janitor's closets required in the facility shall each contain a floor receptor or service sink and some space for supplies and cleaning equipment. They may be installed as alcoves in such areas as soiled workrooms, with a minimum area of twelve square feet.

(21) Diagnostic and treatment facilities.

(a) Emergency operating room shall be sized as though it were a minor operating room. It shall be provided with a clinical sink, flushing rim, a scrub sink or large lavatory.

(b) Where examination and treatment rooms are provided, there shall be one room with a minimum size of 80 square feet and minimum dimension of eight feet. Sizing of additional rooms will be optional.

(c) Radiology. The minimum size of a radiographic room shall be 200 square feet with a minimum dimension of twelve feet. All radiographic, X-ray therapy, fluoroscopic rooms shall be shielded by lead lining or equivalent for the protection of patients and personnel. Each installation shall be approved by the department.

(d) Laboratory. The minimum clinical laboratory area shall be 180 square feet which does not include space for pathologist's office, records and specimen collection.

(e) Pharmacy or drug room. The minimum size of a pharmacy shall be 80 square feet, or seven square feet per bed, whichever is larger. Specific space shall be designated for safe storage of narcotics and other dangerous drugs. Refrigerator facilities shall be provided for storage of biologicals.

(22) Dietary department. Construction, equipment and installation shall comply with or exceed minimum standards set forth in MAC 16-2.14(2)-S14210.

(23) Engineering service and equipment.

(a) Where central heating is provided by direct combustion, space above the room in which the heating units are located shall not be used for hospital purposes, e.g., any space which can be expected to be occupied by patients either on a daily or round-the-clock basis.

(b) The maintenance shop shall have a minimum area of 150 square feet. In facilities of approximately fifty beds, the engineer's office may be located in such a shop.

(24) Details and finishes.

(a) Arrangement of the building shall be such that all normally occupied areas shall be accessible to and usable by the physically handicapped.

(b) Exit facilities shall comply with the requirements of the Life Safety Code, NFPA 101, (1967).

(c) All doors to patient room toilets or bathrooms shall be equipped with hardware which will permit access in any emergency.

(d) Excepting elevator doors, all doors opening onto exit corridors shall be swing type, but no doors shall swing into the corridor except closet doors. Exception: Patient's toilet or bathroom doors opening on an exit corridor may be arranged for normal swing inward but provided with hardware which will permit emergency outward swing.

(e) Thresholds and expansion joint covers, if used, shall be flush with the floor.

(f) When chutes are provided, they shall be of a minimum diameter of two feet with approved class "B" 1 1/2 hour fire doors. Service openings to chutes shall be located in a room or closet of not less than one hour fire-resistive construction with a class "C" 3/4 hour fire door. Chutes shall terminate in or discharge directly into a refuse room or linen chute room separate from the incinerator or laundry. Such rooms shall be of not less than two hour fire-resistive construction and the entrance door shall be a class "B" 1 1/2 hour fire door. Chutes shall extend at least four feet above the roof and shall be covered by a metal skylight glazed with thin, plain glass.

(g) Dumbwaiters, conveyors, and material handling systems shall be located as required for chutes.

(h) Ceiling heights.

(i) Central heating room. The ceiling shall be not less than 2'6" above the main boiler heater and connecting piping with a minimum height of nine feet.

(ii) All rooms having ceiling mounted surgical light fixtures and radiographic rooms shall have a ceiling height of not less than nine feet.

(iii) Corridors, patient toilet rooms and other minor rooms shall have a ceiling height of not less than 7'6".

(iv) All other rooms shall have a ceiling height of not less than eight feet.

(i) Any occupied space above food preparation centers and laundries shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 85° F.

(j) Approved fire extinguishers shall be provided in recessed locations throughout the building in accordance with MFPA Standard No. 10.

(k) Noise reduction criteria. Partition, floor and ceiling construction of patient areas shall comply with Table 1, copy of which follows this rule and by this reference is incorporated herein.

(l) Walls generally shall be washable and in the immediate area of plumbing fixtures the finish shall be moistureproof.

(m) Ceilings shall be acoustically treated in corridors in patient areas, nurses' stations, nourishment stations, dining areas and day rooms.

(25) Existing buildings and grounds; conversion, additions, remodeling.

(a) Where more than one construction type can be found in multi-building facilities or within one building, there must be appropriate protection of each building or section thereof. Where old construction is of a type other than fire-resistive or protected noncombustible construction, these buildings shall be separated by at least two-hour fire resistive construction and self-closing Class "B" doors.

(b) When any major remodeling or construction is contemplated involving major additions or major alterations which would upset the functional operation of the facility, complete plans and specifications must be submitted to the department for approval prior to starting construction. The new construction standards will be applicable to the new construction only. The entire proposed complete unit shall function adequately; otherwise, licensure of the entire unit may be denied.

(c) To make minor alterations which do not affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval in lieu of complete plans and specifications. If these minor alterations do not exceed $1,000, no advance approval by the department is necessary.

(d) Any unauthorized construction may jeopardize the licensure of the entire facility. If it is found on inspection that it does not meet general health, safety, or other appropriate standards or regulations, the license may be refused for the entire facility.

(e) In construction of an addition to an existing facility, the standards for new construction will be applicable to the addition only.

(26) Fire safety requirements. Fire protection in facilities shall comply with the Uniform Building Code and with the Life Safety Code, NFPA No. 101 insofar as they refer to the type of facility involved.

(a) Exits.

(i) At least two exits, remote from each other, shall be provided for each floor or fire section of the building.

(ii) Travel distance shall not exceed 100 feet from the door of any room to an exit with no dead-end exceeding 30 feet.

(iii) Any aisle or corridor designed to be used as a patient exit shall not be less than eight feet in clear width.

(iv) All doorways to sleeping rooms, diagnostic and treatment areas and exit doors designed or required for patient use shall be of at least 44 inches in clear width.

(v) No doors shall swing into exit corridors except closet doors.

(vi) Doors in fire separations, horizontal exits, and smoke-stop partitions may be held open only by electric hold-open devices. These doors shall be capable of being opened and closed manually and shall close automatically upon activation of the manual fire alarm system in that fire zone, upon activation of an automatic sprinkler or heat detection system if so installed, and if not so equipped, by smoke or products of combustion on either side of the door opening.

(vii) Any door in stairway enclosures, boiler room or other hazardous areas shall not be equipped with hold-open devices.

(viii) Doors to sleeping rooms shall be at least one and three-quarter inch solid wood bonded core with latches of a type suitable for keeping the door tightly closed.

(ix) Any glass vision panels in doors or walls between corridors and patient sleeping or treatment rooms shall be wire glass set in metal frames and not exceeding 1,296 square inches per pane with no uninhibited length of more than 54 inches.

(x) Every exit and the necessary ways of access thereto shall have illuminated exit signs. Directional exit signs shall also be provided at corridor junctions and other areas where the exit way is not immediately visible to the occupants.

(xi) Main exterior doors which obviously and clearly are identifiable as exits need not be provided with signs subject to approval by the authority having jurisdiction.

(b) Manual fire alarm.

(i) A manually operated fire alarm system shall be provided in all facilities, electrically supervised so that the occurrence of a break, ground fault or failure of the main power supply will be indicated by a distinctive trouble bell located in an area likely to be heard.

(ii) Alarm systems in buildings divided into more than two zones shall be zone coded and annunciator panels provided at each nurses' station to indicate the zone of origin.

(iii) Manual fire alarm boxes shall be provided and located near each main exit in the normal path of travel from the area.

(iv) Alarm sounding devices shall be provided of such character and so distributed as to be effectively heard above all other sounds. In patient areas, the devices need only alert staff members and shall not be disturbing to patients to the extent as to discourage regular drills. Sounding devices shall be distinctive in pitch and quality from all other sounding devices and shall be used for fire alarm purposes only.

(v) A connection shall be made between the manual fire alarm system and required automatic sprinkler systems and fire or smoke detection devices. In addition, incidental functions such as, but not limited to, shutting off fuel supplies or ventilating fans or switching on emergency lights may be accomplished by activation of the fire alarm provided the effectiveness or reliability of the system is not impaired.

(vi) Arrangements shall be made for the prompt notification of the public fire department or such other outside assistance as may be available in case of fire or other emergency. In facilities with limited staff, an outside sounding device to summon neighbors is recommended.

(c) Flammable anesthetics and compressed non-flammable gases.

(i) Separate cylinder storage or manifold enclosures shall be provided for flammable gases and for oxidizing gases. Such enclosures shall serve no other purpose. Enclosures shall have at least a one-hour fire rating and shall not communicate directly with anesthetizing locations or each other. All flammable gas enclosures and all oxidizing gas enclosures in excess of 1,500 cubic feet storage capacity shall be vented to the outside.

(ii) Racks or fastening devices shall be provided for all cylinders.

(iii) All electrical installations in flammable gas storage rooms and within five feet of the floor in oxidizing gas storage rooms shall be explosion-proof.

(iv) All pipeline non-flammable medical gas systems shall have a main shut-off valve so located as to be accessible in an emergency. In addition, shut-off valves shall be provided at the base of each rise (multi-storied buildings) and at each lateral branch serving patient rooms.

(v) All shut-off valves accessible to other than authorized personnel shall be installed in properly marked valve boxes with frangible windows.

(d) Smoking regulations.

(i) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen are used or stored and in any other hazardous location. Such areas shall be posted with "No Smoking" signs.

(ii) Smoking by patients classified as not responsible shall be prohibited.

(iii) Ash trays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.

(iv) Metal waste containers with self-closing cover devices should be provided in public areas where smoking is permitted to minimize the placing of waste paper in ash trays or ashes in open waste baskets.

(e) Furnishings.

(i) All draperies, curtains and other materials used for decorative or acoustical purposes shall be of fire-resistive material or rendered flame-retardant by treatment.

(ii) No plastic receptacles, such as ash trays, vases, and waste containers shall be provided in patient areas unless proven fire resistive.

(iii) No furnishings, decorations, dispensing devices or movable equipment shall be so placed as to obstruct exits, means of egress or visibility thereof.

(f) Operation and maintenance of fire and emergency equipment.

(i) Automatic sprinkler or smoke detection systems shall be continuously maintained in an operating condition and all sprinkler control valves kept fully open. A competent and reliable employee should be given the responsibility of regularly inspecting the system and reporting any trouble or defects to the administrator, who shall then assume full responsibility for corrective measures.

(ii) Precautions should be taken to prevent freezing of pipes or devices which may render control and alarm devices inoperative.

(iii) Sprinkler piping shall not be used to hold or suspend storage and at least 18 inches of clearance shall be maintained around each sprinkler head at all times.

(iv) No additions, alterations or remodeling shall be done unless the required extension or changes to the detection systems are also made. When changes have been completed, an inspection should be made to make sure all control valves are fully opened and the system operative.

(v) Any time the valves are closed or the system rendered inoperative for any reason whatsoever, other than testing by the local fire department, the State Fire Marshal and the board shall be immediately notified of the reason and expected length of time before the system will be fully restored.

(vi) At least annually a complete inspection and testing of the system shall be performed by a firm or person qualified to do such work and a written report of the results sent to the State Fire Marshal.

(27) State plan. The state plan for mental health and retardation facilities is adopted as a rule. The plan is for guiding and influencing the development and construction of facilities for the mentally ill. It presents a comprehensive program for the development of needed facilities designed to provide quality treatment and care of the mentally ill. The plan serves as the basis for allocation of funds available to Montana under the provisions of Title I, Part C, of Public Law 88-164 and amendments thereto. It also serves as a guide for evaluating the need for construction contemplated outside the federal program.

The written state plan is voluminous, and its inclusion in full in this rule would be cumbersome. It is deemed not expedient to include the entire context of the plan, and the above summary of the plan is therefore given in this rule. Copy of the plan is available for inspection, or copy thereof may be obtained at the expense of the person requesting the same at prices fixed to cover the cost of duplication and mailing. Inquiries should be made of the director of the department for inspection of the plan or requesting a copy of the plan.

(28) No facility covered by these rules may be operated unless licensed according to applicable statute. The preceding rules with respect to licensing and certification shall apply. (History: Sec. 69-5216, 69-5304, 69-5308, R.C.M. 1947; Order MAC No. 16-1; Adp. 12/31/72; Eff. 12/31/72.)

TABLE 1

SOUND TRANSMISSION LIMITATIONS FOR PARTITIONS AND FLOORS IN GENERAL HOSPITALS

Location	Airborne Sound Transmission Class (STC) a/ Partitions	Floors	Impact Noise Rating (INR) b/ Floors
Patients' room to patients' room	45	45	-2
Corridor to patients' room	40	45	+5 c/
Public space to patients' room d/	50	50	+5 c/
Service areas to patients' room e/	55	55	+10 c/

a/ Sound transmission class (STC) shall be determined by tests in accordance with methods set forth in ASTM Standard E 90-66T.

b/ Impact noise rating (INR) shall be determined in accordance with criteria set forth in FHA Pub. No. 750. Tests shall be conducted in accordance with ISO Recommendations No. 140-1960.

c/ Impact noise limitation applicable only when corridor, public space or service area is over patients' room.

d/ Public space includes lobbies, dining rooms, recreation rooms, treatment rooms and similar spaces.

e/ Service areas include kitchens, elevators, elevator machine rooms, laundries, garages, maintenance rooms, boiler and mechanical equipment rooms and similar spaces of high noise or vibration or both. Mechanical equipment located on the same floor or above patients' rooms, offices, nurses' stations and similar occupied spaces shall be effectively isolated from such spaces with respect to noise and vibration.

NOTE: The requirements set forth in this table assume installation methods which will not appreciably reduce the efficiency of the assembly as tested. Location of electrical receptacle grilles, ductwork and other mechanical items and blocking and sealing of partitions at floor and ceilings shall not compromise the sound isolation required.

TABLE 2
TEMPERATURE, HUMIDITY, PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN HOSPITAL AREAS

Area Designation	Pressure Relationship To Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour	Minimum Total Air Changes Per Hour
Operating Room	+	5	12
Emergency Operating Room	+	5	12
Delivery Room	+	5	12
Nursery	+	5	12
Recovery	0	2	6
Intensive Care	+	2	6
Patient Care	0	2	2
Patient Area Corridor	0	2	4
Isolation Room	0	2	6
Isolation Anteroom	0	2	6
Treatment Room	0	2	6
X-ray, Fluoroscopy Room	-	2	6
X-ray, Treatment Room	0	2	6
Physical Therapy & Hydrotherapy	-	2	6
Soiled Workroom	-	2	4
Clean Workroom	+	2	4
Autopsy and Darkroom	-	2	12
Toilet Room	-	--	10
Bedpan Room	-	--	10
Bathroom	-	--	10
Janitor's Closet	-	--	10
Sterilizer Equipment Room	-	--	10
Linen and Trash Chute Rooms	-	--	10
Laboratory, General	-	2	6
Laboratory, Media Transfer	+	2	4
Food Preparation Centers	0	2	10
Dishwashing Room	-	--	10
Dietary Day Storage	0	--	2
Laundry, General	0	2	10
Soiled Linen Sorting & Storage	-	--	10
Clean Linen Storage	+	2	2
Anesthesia Storage	0	--	8
Central Medical and Surgical Supply:			
Soiled or Decontamination Room	-	2	4
Clean Workroom	+	2	4
Unsterile Supply Storage	0	2	2

*Variable range required. + = Positive - = Negative
0 = Equal -- = Optional

Note: Where a recirculating air system is used, 30 and 90% filters shall be provided.

(Cont.) TEMPERATURE, HUMIDITY, PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN HOSPITAL AREAS

Area Designation	Filters	All Air Exhausted Directly To Outdoors	Temperature	Relative Humidity
	#1 #2			
Operating Room	30 - 90%	--	70-76*	50-60
Emergency Operating Room	30 - 90	--	75	
Delivery Room	30 - 90	--	70-76*	50-60
Nursery	30 - 90	--	75	50
Recovery	80	Yes	75	50-60
Intensive Care	30 - 90	--	70-80	30-60
Patient Care	80	--	75	
Patient Area Corridor	80	--	75	
Isolation Room	30 - 90	Yes	75	
Isolation Anteroom	80	Yes	75	
Treatment Room	80	--	75	
X-ray, Fluoroscopy Room	80	Yes	75	
X-ray, Treatment Room	80	--	75	
Physical Therapy & Hydrotherapy	80	--	75	
Soiled Workroom	80	--	75	
Clean Workroom	80	--	75	
Autopsy and Darkroom	80	Yes	75	
Toilet Room	--	Yes	75	
Bedpan Room	--	Yes	75	
Bathroom	--	Yes	75	
Janitor's Closet	--	Yes	75	
Sterilizer Equipment Room	--	Yes	75	
Linen and Trash Chute Rooms	--	Yes	75	
Laboratory, General	80	--	75	
Laboratory, Media Transfer	30 - 90	--	75	
Food Preparation Centers	80	Yes	75	
Dishwashing Room.	--	Yes	75	
Dietary Day Storage	--	--	75	
Laundry, General	80	Yes	75	
Soiled Linen Sorting & Storage	--	Yes	75	
Clean Linen Storage	80	--	75	
Anesthesia Storage	--	Yes	75	
Central Medical and Surgical Supply:				
Soiled or Decontamination Room	--	--	75	
Clean Workroom	30 - 90	--	75	
Unsterile Supply Storage	30 - 90	--	75	

*Variable range required. + = Positive - = Negative
0 = Equal -- = Optional

Note: Where a recirculating air system is used, 30 and 90% filters shall be provided.

16-2.22(2)-S2260 LONG-TERM CARE FACILITIES, CONSTRUCTION (1) The following rules shall be the standards for construction of long-term care facilities. The standards are only minimum and are considered necessary to provide long-term facilities which can be effectively maintained and operated to furnish adequate services.

(2) Nursing Homes--New Construction

(a) Site.

(i) The location shall be:

(aa) Adjacent to an all-weather road.

(ab) In a neighborhood free from excessive noise, dirt and polluted air and away from railroads, main traffic arteries, industrial developments and similar disturbances.

(ac) Such that sufficient surrounding land is provided at the time of initial planning. Building shall not exceed one-half of total site area. Consideration shall be given for future planning.

(ad) Reasonably accessible to adequate public utilities, physician services, medical facilities, shopping centers and population centers where employees can be recruited.

(ae) Free of flooding for the previous ten year period.

(af) In compliance with all applicable local ordinances.

(ag) Within the jurisdiction of a local fire authority capable of providing adequate fire fighting service.

(ah) Within the jurisdiction of law enforcement.

(ai) Adequate to provide on-site parking space.

(ii) Construction Requirements: All new construction shall comply with the requirements of the codes listed in this rule. In addition, the following minimum requirements shall be met:

(aa) The building and all parts thereof shall be of sufficient strength to support all dead, live and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practices.

(ab) Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one foot below the estimated frost line. Proper bearing values for the soil shall be established in accordance with recognized standards.

(ac) Footings, piers and foundation walls shall be adequately protected against deterioration from action of ground water.

(ad) One story buildings shall be constructed of not less than one hour fire-resistive construction throughout except as follows:

Boiler rooms and rooms used for the storage of combustible materials shall be of two hour fire-resistive noncombustible construction.

Structures built of other than noncombustible materials shall adhere to the floor area restrictions set forth in the Uniform Building Code.

(ae) For purposes of evacuation, the window sills of one story buildings constructed of combustible materials shall not be more than six feet (6') above the adjacent ground level.

(af) Buildings of more than one story shall be constructed of noncombustible materials using a structural framework of reinforced concrete or structural steel except that load-bearing masonry walls and piers may be utilized for buildings up to and including three stories.

(ag) The fire-resistive requirements of the various building elements shall follow the requirements of the Uniform Building Code except for modifications listed below:

Corridor partitions shall be one hour fire-resistive construction.

Walls enclosing stairways, elevators, laundry and trash chutes, and other vertical shafts, boiler rooms and areas used for storage of combustible materials shall be of a two hour noncombustible construction.

(ah) Interior finish of all exit ways, storage rooms and all areas of unusual fire hazard shall have a flame spread rating of less than 20.

(ai) Interior finish of all patient rooms, day rooms and other areas occupied by patients shall have a flame spread rating of less than 75.

(aj) Interior finish of other areas shall have a flame spread rating of less than 75, except that 10 percent of the aggregate wall and ceiling areas of any space may have a flame spread rating up to 200.

(ak) Interior finish materials shall be classified in accordance with their flame spread rating on the basis of tests approved by the NFPA. (See definition under fire rules.)

(al) No carpet or carpet assembly will be allowed in a health care facility which has a flame spread rating of more than 75 in accordance with ASTM-E84-61.

(b) Plans.

(i) Plans for new construction or for additions or alterations to existing nursing homes shall be submitted before construction is begun to the Department for review and approval. Plans shall be submitted in two stages: preliminary drawings and outline specifications, and working drawings and construction specifications.

(ii) Preliminary drawings.

(aa) Site plans in compliance with Subsection (a).

(ab) The preliminary plans must indicate the assignment of all spaces and the size of service areas and bedrooms. A large scale presentation shall be submitted showing fixed and movable equipment in service areas and furniture arrangement including clearances in patient bedrooms.

(ac) The plans shall be drawn to a scale sufficiently large to clearly present the proposed design.

(ad) The total floor area and number of beds shall be noted on the plans.

(ae) The drawings shall include site topography, soil conditions and a plan for each floor including the basement or ground floor.

(af) Outline specifications shall provide a general description of the construction including exterior and interior finishes and mechanical systems.

(iii) Working drawings.

(aa) Working drawings shall be approved by the Department and the State Fire Marshal.

(ab) Working drawings and specifications shall be well prepared so that clear distinct prints may be presented. Accurate dimensions including all necessary explanatory notes, schedules and legends shall be included.

(ac) Working drawings and specifications shall be complete and adequate for contract purposes. Separate drawings shall be prepared for each of the following branches of work: architectural, mechanical and electrical.

(ad) Plans and specifications shall be certified by an engineer or architect licensed to practice in Montana. All new construction shall be in accordance with applicable local, state and national building codes and rules.

(ae) In areas that are not subject to local or state zoning, housing and building codes shall be used as guides insofar as such recommendations are not in conflict with the rules set forth herein. Certification shall state that the plans and specifications are in accordance with rules of the Department and name the national and local codes applicable.

(iv) Architectural drawings shall include:

(aa) Site plan showing all existing and new topography, existing structures on the site, new buildings and structures, roadways, walks, parking areas, utilities and structures to be removed under the construction contract.

(ab) Plans of each floor and roof.

(ac) Elevations.

(ad) Sections of the building.

(ae) Enlarged scale details as necessary.

(af) Plans of foundations, floors, roofs and all intermediate levels showing a complete design with sizes, sections and the relative location of various members, schedule of beams, girders and columns.

(ag) Dimensions of floor levels, column centers and off-sets.

(ah) Dimensions of access openings and pipe sleeves unless otherwise noted.

(ai) Detail of all special connections, assemblies, and expansion joints.

(v) Written approval for all proposed construction or existing building utilization is limited to a period of one calendar year from its date of issuance and applies only to one location. Reapproval must be obtained when a new site is considered.

(vi) All building construction shall be subject to inspection by representatives of local and state agencies.

(vii) Patients shall not be admitted, housed, treated or cared for in new construction until it is licensed.

(viii) To make minor alterations which do not affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval, in lieu of complete plans and specifications.

(c) Construction Codes.

(i) Where there is a difference between national, state or local codes, the code having the highest standard shall prevail.

(ii) Compliance with applicable provisions of the following codes is mandatory:

(aa) National Plumbing Code.

(ab) Montana Plumbing Code.

(ac) National Electrical Code.

(ad) Regulations for Food Service Establishments, Montana State Board of Health.

(ae) Uniform Building Code of the International Conference of Building Officials.

(af) American Concrete Institute.

(ag) American Institute for Steel Constructors.

(ah) American Standard Safety Codes for Elevators, Dumb Waiters and Escalators.

(ai) National Board of Fire Underwriters.

(aj) All standards and codes where applicable to nursing home construction as published by the National Fire Protection Association, 60 Batterymarch Station, Boston, Massachusetts.

(d) Minimum Design Requirements.

(i) Administration.

(aa) Business office.

(ab) Administrator's office (may be combined with business office).

(ac) Nursing director's office (in homes over 40 beds).

(ad) Lobby or waiting room.

(ae) Public toilet facilities.

(af) Public telephones.

(ag) Family counseling room (this is desirable).

(ii) Ancillary Facilities.

(aa) Recreation and patient dining room area. Provide at least 37 1/2 square feet per bed in the nursing home for recreation and patient dining. At least one day room on each resident floor shall have outside window exposure equal to 1/8 of the floor area.

(ab) Facilities for religious services (desirable).

(ac) Physical therapy services as required.

(ad) Laundry for patients' personal use.

(ae) Storage for occupational and recreational equipment.

(af) Outdoor recreation area.
(ag) Beauty and barber shop (desirable).

(iii) Nursing Unit. The nursing unit should not have more than 40 beds. The following facilities are required for each nursing unit:

(aa) Patient rooms.

(ab) Private medical isolation room with private lavatory and toilet. Incorporated private bathing facilities desirable.

(ac) Nurses' station: Each nurses' station shall not be located more than 120 feet from the most remote room served.

(ad) Nurses' toilet.

(ae) Utility room: Clean utility and soiled utility.

(af) Treatment room (may serve more than one nursing unit).

(ag) Nourishment station. (Clean utility room and nourishment station may be combined.)

(ah) Toilet facilities (see ratios under construction rules).

(ai) Bedpan facilities.

(aj) Bathing facilities (see ratios under construction rules).

(ak) Stretcher and wheelchair parking area.
(al) Clean linen storage area.
(am) Equipment and supply storage.
(an) Janitor closet.
(ao) Nurse call system.
(ap) Medication area.

(iv) Service Facilities.

(aa) Dietary department:

Preparation and service area: approximately 10 square feet, not including storage, for each patient bed recommended.
Refrigeration and dry storage area.
Dishwashing room.
Garbage and trash disposal.
Adequate personnel dining facilities.
Handwashing sink.
Janitor closet.

(ab) Laundry area: Clean linen facilities and soiled linen facilities.

(ac) Mechanical facilities: boiler room and maintenance facilities.

(ad) Personnel toilet and locker facilities.

(ae) Storage:

General storage (15 square feet per bed).
Patient clothes storage area accessible to patients.
Storage for outdoor equipment.

(e) Mechanical Equipment.

(i) Heating system.

(aa) The building shall be centrally heated by a hot water or steam system.

(ab) Boilers shall have the necessary capacity when operating at nominal rating to supply the heating system, hot water, and steam operated equipment such as sterilizers, laundry and kitchen equipment. It is recommended that an emergency stand-by boiler be provided.

(ac) Temperatures: It shall be possible to maintain a minimum temperature of 78° F. in each room and occupied space when the outdoor temperature is a -20° F. Radiators and convectors, if used, shall be provided with hand control valves except where individual room automatic control is provided.

(ad) Piping: Steam and hot water piping may be copper pipe and fittings, standard weight steel or iron pipe and cast iron fittings. Pipe used in heating and steam systems shall not be smaller sizes than prescribed by the latest edition of the ASHRAE Guide. The ends of all steam mains and low points in steam mains shall be dripped.

(ae) The heating system shall be thermostatically controlled in two or more zones per wing.

(af) Heating or air conditioning systems shall take at least 15 percent of their air from the outside.

(ag) Corridors and exit halls shall not be used as a plenum for supply or return air to heating or air conditioning systems.

(ah) Coverings: Boilers and smoke breeching shall be insulated with coverings not less than one inch magnesia blocks and one-half inch plastic asbestos finish. All high pressure steam and return piping shall be insulated with coverings not less than the equivalent of one inch four-ply asbestos coverings. Heating mains in the boiler rooms, in unheated or unexcavated spaces, where concealed, shall be insulated with covering not less than one inch asbestos air cell. All other equivalent noncombustible insulation materials are acceptable.

(ii) Ventilation.

(aa) Utility rooms, toilets, baths, sterilizer rooms, sterilizer equipment chambers and food storage rooms shall be provided with forced ventilation to change the air at least once every six minutes.

(ab) Kitchens and laundries should be located on outside walls to provide natural ventilation.

(ac) In laundries, washers, flatwork ironers, presses and tumblers are the principal sources of heat and humidity. Separate mechanically operated supply and exhaust systems shall be provided. The outdoor air intake shall be as far removed as possible from all exhaust outlets, incinerators and boiler stacks. The air exhaust outlet shall be located so that discharge will not re-enter the laundry or other areas of the nursing home. It may be desirable to filter the air being exhausted from the soiled linen sorting room. The air supply system should be equipped with filters in accordance with the National Bureau of Standards. It is recommended that a manometer be installed across each filter bed to indicate the need for filter cleaning or replacement. The ventilation supply and exhaust fan serving each area should be electrically interlocked so that failure of either will stop the other.

(ad) Kitchen and laundry shall be ventilated by exhaust systems which will discharge the air above the main roof or 50 feet from any window. The ventilation of these spaces shall comply with the state or local codes. If no codes govern, these areas shall be exhausted at least once every six minutes with the greater part of air being taken from the flatwork ironer and range areas.

(ae) Oxygen storage: An oxygen storage room shall comply with the recommendations set forth in the latest edition of the NFPA Standard No. 56.

(iii) Incinerators.

(aa) Incinerators are recommended for all nursing homes and are required in homes of 50 beds or more.

(ab) Incinerators shall be gas, electric or oil fired. Design and construction of incinerators and refuse chutes shall be in accordance with Part III of the NFPA Standard No. 82.

(f) Plumbing.

(i) All parts of the plumbing system shall comply with the Montana Plumbing Code and the National Plumbing Code with special reference to the following:

(aa) The water supply of suitable quality shall be from a safe, sanitary source, the location, construction and operation of which has the approval of the Department.

(ab) Water service shall be brought into the building to comply with the requirements of the local water department and the Department.

(ac) Supply lines shall be free of cross-connections when an alternate source is available.

(ad) Anti-siphonage devices shall be installed where required.

(ii) Hot water heating equipment shall have sufficient capacity to supply:

(aa) Six and one-half (6 1/2) gallons at 110° F. per hour per bed for kitchen, utility and patient areas.

(ab) An additional four (4) gallons at 180° F. per hour per bed for the dishwasher. A suitable booster shall be installed if necessary.

(ac) Four and one-half (4 1/2) gallons at 180° F. per hour per bed for the laundry.

(iii) Plumbing fixtures which deliver hot water for patient use shall supply water which is thermostatically controlled to provide a maximum temperature of 110° F. at the fixture.

(iv) The hot water storage tank or tanks shall have a capacity sufficient to meet the maximum demand.

(v) Where direct fired hot water heaters are used, they shall be of an approved high-pressure type. Submerged steam heating coils shall be of copper. Storage tanks shall be of noncorrosive metal or be lined with noncorrosive material to comply with the ASME Code for pressure vessels.

(vi) Rain water drains.

(aa) Leaders shall be provided to drain the water from roof areas to a point from which it cannot flow into the basement or areas around the building.

(ab) Where dry wells are used, they shall be located at least twenty feet from the building.

(vii) Sanitary drainage.

(aa) The building drains shall be of cast iron to a point five feet from the building.

(ab) Soil stacks, drains, vents, waste lines and leaders shall be of copper, cast iron or steel except drain lines in back fill shall be of cast iron.

(viii) Gas piping and appliances.

(aa) Gas appliances shall be approved by the American Gas Association and connected in accordance with the requirements of the company furnishing the gas.

(ab) Gas piping shall be of black iron with malleable fittings.

(ac) Gas outlets shall not be provided in patient bedrooms.

(ix) Oxygen systems.

(aa) Where oxygen systems are installed, the oxygen piping, outlet manifolds, manifold rooms and storage rooms shall be installed in accordance with the requirements of NFPA Standard No. 56 and 565.

(ab) Oxygen lines shall be of copper tubing not lighter than type K with fittings of brass or copper installed with silver solder and test to the requirements of NFPA Standard No. 565.

(x) Insulation: Tanks and heaters, hot, cold and chilled piping shall be insulated with a noncombustible material with a vapor barrier where required.

(xi) Plumbing fixtures.

(aa) Water closets adjoining a patient area should be of a quiet operating type. They should be wall hung and have 19 inch seat height.

(ab) Flush valves shall be designed with no-return stops, back-flow preventers and silencers.

(ac) Lavatories used by patients shall be provided with a goose-neck spout with a discharge point of a minimum distance of five inches above the rim of the sink and shall be equipped with single or wrist action controls. Lavatories and sinks used by food handling personnel, nurses and doctors shall be provided with goose-neck spouts and controls not requiring the use of hands.

(ad) Drinking fountains shall be recessed in alcoves in corridors or recreation areas. The fountains shall be accessible to patients in wheelchairs.

(ae) Sterilizers or autoclaves shall be provided and shall be of the type and necessary capacity to meet the sterilizing requirements of the home. The sterilizer shall be of recognized hospital type with approved controls and safety features.

(xii) All soil, waste and drain lines shall be tested by water or air tests before they are built in. A smoke or chemical test shall be applied after fixtures have been set. Water pipes shall be hydraulically tested to a pressure equal to twice the working pressure. The test shall demonstrate to the satisfaction of the Department that there are no leaks, that hot water is circulating satisfactorily, that all taps are properly vented, that there is an ample supply of hot and cold water to all fixtures, that no fixture or equipment can back-siphon and that there are no cross-flow connections. All pipes on outside walls shall be insulated to prevent freezing.

(g) Standpipe Systems. The standpipe system shall be installed as required by local and state departments having jurisdiction.

(h) Sprinkler Systems and/or Smoke Detection Systems. To reduce the danger from fire, automatic sprinkler systems and/or smoke detection systems shall be provided in those areas which are considered hazardous from a fire safety point of view. Such hazardous areas shall include but not be restricted to soiled linen rooms, basement corridors, woodworking shops, trash rooms, storage rooms, laundry and trash chutes. Sprinkler systems and/or smoke detection systems shall be in compliance with the requirements of the State Fire Marshal.

(i) Electrical Requirements.

(i) Codes.

(aa) Electrical installations shall be in accordance with applicable local codes and rules. Where such codes are not in effect or where they do not cover special installations, the National Electrical Code shall govern.

(ab) The regulations of the local utility company shall govern service connections.

(ac) All materials shall be equal to standards established by Underwriters Laboratories, Inc.

(ii) Connections from the service mains, with meter connections and service switches shall be installed as required by the local utility company.

(iii) Separate power and light feeders shall be run from the service to the main switchboard. From there, subfeeders shall be provided to the motors and power and light distributing panels. Where there is only one service feeder, separate power and light feeders from the service entrance to the switchboard will not be required.

(iv) Circuit breakers of dead front type fused switches shall be installed to protect all feeders and subfeeders. Motors shall be connected with breakers or fused switches.

(v) Light panels shall be provided on each floor for the lighting circuits on that floor. Light panels shall be located near the load centers not more than 100 feet from the farthest outlet.

(vi) All occupied areas shall be adequately lighted as required by duties performed in the space.

(vii) Patient bedrooms shall have as a minimum, general illumination, a night light and for each bed a reading light. The switches for general illumination and night lights shall be of an approved mercury or equally quiet type, or shall be placed in the corridors. Ceiling fixtures when used shall be of a type that will not shine in the patient's eyes.

(viii) Suitable receptacles shall be located where plug-in service is required. Each bedroom shall have not less than three duplex receptacles, with at least one receptacle near the head of each bed and at each lavatory.

(ix) Grounding type receptacles shall be installed not more than 50 feet apart in all corridors.

(x) The treatment room shall be provided with at least one three-pole grounding type receptacle.

(xi) Emergency electrical service shall provide emergency power for four or more hours for lights at nursing stations, telephone switchboard, night lights, exit and corridor lights, boiler room and fire alarm system. A system test shall be conducted weekly. It is recommended an automatic transfer system be provided.

(xii) Each bed, bathing room and toilet room shall be furnished with a call unit which will register a signal at the corridor door and nurses' station.

(xiii) Wiring for all systems including low voltage shall be installed in conduit.

(xiv) All lighting fixtures, wiring and equipment shall be tested for grounded, short or open circuits and to show that all equipment operates as specified. A certificate of approval of the electrical installation of the home shall be issued by the inspector having jurisdiction and shall be furnished the Department. This certificate shall indicate that the electrical installation in the home complies with local codes and the National Electrical Code.

(j) Elevators and Dumb Waiters.

(i) Elevators and dumb waiters shall comply with all local and state codes, the American Standard Safety Codes for Elevators, the National Board of Fire Underwriters and the National Electrical Code.

(ii) Elevators shall be installed in the home if the patient bedrooms are located on floors above the street level. Passenger elevators shall have a platform size of not less than 5'4" x 8', door opening not less than 3'10".

(k) Fire Protection Facilities. Fire protection facilities shall comply with the 1967 edition NFPA Life Safety Code 101.

(l) Nursing Facilities.

(i) Nurses' Station:

(aa) Each floor on which patients are housed shall have a nurses' station. The nurses' station should be adequate in size to accommodate such equipment as charting desk and chairs, chart rack, nurse call system, telephone and storage cabinets for supplies.

(ab) Each nurses' station shall have a medicine room adjacent to it or a medicine preparation area containing well-lighted, locked medicine preparation cabinets for the storage of patient medications. These cabinets shall be equipped with special locked compartments or drawers for the storage of narcotics, barbiturates and similar drugs. The medicine room or the nurses' station should have a small refrigerator for pharmaceuticals requiring refrigeration.

(ac) A sink with hot and cold running water shall be provided in the nurses' station.

(ii) Utility Rooms: Each nursing unit where patients are housed shall have a clean and soiled utility room.

(aa) The soiled utility room shall be equipped for the proper cleaning and sanitizing of bedpans. It shall have a suitable sink for cleaning equipment and a storage area. A receptacle for soiled linen and a sanitary self-closing waste receptacle should be located in this area.

(ab) The clean utility room should contain a suitable sink, work space and storage area. This area can also serve as a nourishment center and a storage area for the clean linen supply. The instrument sterilizer may be in this area.

(iii) Examining and/or Treatment Room:

(aa) A special room shall be provided for examinations, treatments and other therapeutic procedures.

(ab) This room shall be equipped with a treatment table, lavatory with other than hand controls, instrument table, necessary instruments and supplies and a high intensity examining light.

(m) Patient Rooms.

(i) Each single bedroom shall have at least 100 square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

(ii) Each multiple-bed room shall have at least 80 square feet net usable floor area for each bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be 3 feet minimum distance between each bed and 2 feet between the bed and the wall.

(iii) Patient beds shall not be placed in hallways or any area other than approved bedrooms.

(iv) Wardrobe space shall be provided and shall have minimum clear dimensions 22 inches deep by 20 inches wide with full length hanging space and a clothes rod and shelf.

(v) No patient bedroom shall have more than four beds. No patient bed shall be more than one bed removed from an outside window. No more than two beds per patient room is recommended.

(vi) At least two single rooms with private toilets shall be provided in each forty bed unit for purposes of medical isolation. Bathing facilities shall be provided in at least one of these.

(vii) Window areas shall be equal to 1/8 of the floor area of the room. Sill height shall not exceed 3 feet above the floor. Thirty inches is recommended.

(viii) Every patient room shall have a lavatory. Lavatories for patient use shall be supported on brackets to accommodate wheelchairs. A toilet room accessible from two adjacent and adjoining patient rooms is acceptable. Toilet rooms shall be of sufficient size to permit movement of wheelchairs.

(ix) Every patient room shall have direct access to the corridor and outside exposure. No part of any room shall be enclosed or subdivided unless it can be separately lighted and ventilated.

(x) In multiple-bed rooms, each bed shall be provided with a flame-resistant cubicle curtain or built-in device for privacy.

(xi) No patient room shall be located on any floor which is below grade level.

(xii) Mirrors shall be arranged for the convenience of patients in wheelchairs as well as for patients in a standing position.

(n) Bathroom and Toilet Facilities:

(i) If centralized toilets are provided, a toilet room for each sex at the ratio of one water closet to eight beds will be required. Appropriate grab bars shall be provided at each water closet. There shall be a toilet in an area of at least 5' x 6' to permit toilet training. Door handle on water closet enclosures shall be operable from the outside.

(ii) One shower or bathtub for each ten beds not otherwise served is required. There shall be at least one bathtub or shower in each nursing unit. Each bathtub or shower enclosure shall provide space for the use of the bathing fixture, for dressing and for a wheelchair and attendant. Grab bars shall be provided at all bathing fixtures. Showers shall not be less than 4 feet square, without curbs and designed to permit use from a wheelchair. All controls shall be within convenient reach of the attendant.

(iii) All bathtubs and showers shall be provided with slip-proof mats or strips.

(o) Doors, Corridors, Ramps, Stairways.

(i) All doors through which patients will pass shall be a minimum of 3'8" wide. All doors opening off the corridor shall be of solid wood or metal having a one hour fire resistive rating. No doors shall swing into the corridor except closet doors.

(ii) Doors at least 3 feet wide will be permitted at individual toilets connecting with patient bedrooms.

(iii) All doors to patient toilets or bathrooms shall swing out.

(iv) Doors other than those leading into the corridors may be a hollow core type.

(v) Thresholds of interior doorways shall be flush.

(vi) Dutch doors may be used if the sections are interconnected to prevent the bottom half from opening when the top half is closed. This is the only type of door approved for the temporary restraint of mentally disturbed patients in a room. Not more than one dutch door equipped with restrictive devices shall be allowed for each ten rooms.

(vii) Corridors used by patients shall be at least 8 feet wide. A greater width shall be provided at elevator entrances.

(viii) Handrails equipped with returns shall be installed on both sides of corridors used by patients.

(ix) Ramps shall be a minimum of 3'8" clear width and shall have slopes which do not exceed one inch of fall per foot of length and shall be equipped with approved handrails or bannisters sturdily mounted. The width shall be measured between handrails or bannisters where they project more than 3 1/2 inches. Non-slip treads shall be provided.

(x) Stairways shall be not less than 3'8" wide measured between handrails where they project more than 3 1/2 inches. Non-slip treads shall be provided.

(xi) Telephone alcoves shall be a minimum of 4 square feet. The phone shall be located at a level convenient for patients in wheelchairs. Doors to telephone alcoves are not recommended.

(p) Kitchen.

(i) The nursing home shall provide a kitchen properly located for efficient food service, large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required.

(ii) The kitchen area should be approximately 10 square feet, not including storage, for each patient bed whether the beds are in the same building or not.

(iii) The kitchen shall be located convenient to the dining room, patient rooms and service entrance. The location should prevent all traffic except that necessary for receiving, preparing and serving of food.

(iv) Walls and ceilings of food preparation and service areas shall be finished with a washable surface.

(v) Floors in receiving, preparation and service areas and dishwashing rooms shall be of smooth, nonabsorbent materials. Floor construction shall permit easy cleaning.

(vi) There shall be adequate artificial light available for all work surfaces.

(vii) Electrical systems shall be of sufficient capacity to supply initial equipment and to permit additions as needed.

(viii) A suitable layout of equipment shall be provided to permit convenient operation, healthful working conditions, good sanitation and control of heat, noise and odors.

(q) Laundry.

(i) Laundry facilities shall be arranged to provide physical separation of clean and dirty areas. It is recommended that the facility install washer extractors with doors on each side. This washer extractor is designed for installation in a wall between the soiled and clean operation with the equipment and loading door of the washer extractor located on the opposite side of the wall in the clean area.

(ii) The laundry equipment shall be designed and installed to comply with all local and state codes. Washer extractor, tumbler and ironer shall be provided with all safety devices and meet sanitary requirements. Sprinklers shall be provided if the equipment is gas-fired.

(iii) Washers shall have a combined rating capacity of not less than 12 pounds of dry laundry per day per patient bed when operating not more than 40 hours per week. If a standby washer is not available, arrangements shall be made with outside or commercial laundries for service.

(iv) There shall be a tumbler with a rated capacity equal to 25 percent of the washers when operating 40 hours a week.

(v) There shall be an extractor with a daily capacity equal to that given in (iii) above for the washers.

(vi) A flatwork ironer with a capacity equal to 70 percent of the washer capacity when operating 40 hours per week shall be provided.

(vii) Laundry facilities must be so located that it is not necessary to pass through a kitchen, bedroom or toilet room in order to reach the laundry.

(viii) Laundry facilities shall not be located in areas that are used by patients.

(ix) When laundry chutes are used, they shall have a minimum diameter of 2 feet and be constructed of two hour fire-resistive material, separated from the corridor in a room or closet of not less than one hour fire-resistive construction. The entrance doors to such rooms or closets shall be a Class "B" one hour fire door. Chutes shall terminate or discharge directly into a linen collection room separated from the incinerator or laundry and shall be equipped with flushing ring and be vented to the outside atmosphere with a floor drain at the point of discharge. An automatic sprinkler shall be provided at the top of the chute and at the discharge point.

(x) The following facilities shall be provided when the laundry is done commercially:

(aa) Adequate space for sorting, processing and storing soiled linen.

(ab) Storage space located to facilitate convenient pickup and deliveries.

(ac) Separate storage facilities for clean linen.

(r) Ceiling Heights and Insulation.

(i) The minimum ceiling height shall be 8 feet except in the following areas:

(aa) Boiler room--not less than 30 inches above the main boiler header and connecting piping.

(ab) Laundry--not less than 10 feet.

(ac) Kitchen--not less than 10 feet.

(ii) Ceilings of boiler rooms, kitchens and laundries shall be insulated and ventilated where the floor above them is to be used.

(s) Finishes.

(i) Floors and Base.

(aa) Floors and base of the following areas shall have a smooth, easily-cleaned, moisture-resistant, resilient flooring or ceramic flooring: Toilets, baths, food storage, utility rooms, treatment rooms, janitor closets, dining rooms, recreation rooms, patient rooms.

(ab) The floors of all food preparation areas shall be water-proof, grease-proof, smooth and resistant to heavy wear.

(ac) Carpeting may be installed in specified areas upon approval of the Department.

(ii) Walls.

(aa) All walls shall have a smooth washable finish, free from cracks or spaces which may harbor vermin.

(ab) All walls of high moisture areas shall have water-proof finishes.

(iii) Ceilings.

(aa) Ceilings shall be capable of being kept clean.

(ab) Ceilings of corridors, in patient areas and nurses' stations shall be acoustically treated with noncombustible material.

(iv) Wainscot. Wainscot of appropriate material is recommended in all rooms and corridors for protection of walls against damage caused by wheelchairs, stretchers and carts.

(3) Buildings and Grounds--Conversion, Additions, Remodeling. When any major remodeling or construction is contemplated involving major additions or major alterations which would upset the functional operation of the facility, complete plans and specifications must be submitted to the Department for approval prior to starting construction. The new construction standards will be applicable. The entire proposed completed unit shall function adequately, otherwise licensure of the entire unit may be denied.

To make minor alterations which do not affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval in lieu of complete plans and specifications. If these minor alterations do not exceed $1,000, no advance approval by the Department is necessary.

In construction of an addition to an existing facility, the standards for new construction will be applicable to the addition only.

Any unauthorized construction may jeopardize the license of the entire facility. If it is found on inspection that it does not meet general health, safety, or other appropriate standards or regulations, the license may be refused for the entire facility.

(4) Personal Care Homes--New Construction

(a) Site.

(i) The location shall be:

(aa) Adjacent to an all-weather road.

(ab) In a neighborhood free from excessive noise, dirt, and polluted air and away from railroads, main traffic arteries, industrial developments and similar disturbances.

(ac) Such that sufficient surrounding land is provided at the time of initial planning. Building shall not exceed one-half of total site area. Consideration shall be given for future planning.

(ad) Reasonably accessible to adequate public utilities, physician services, medical facilities, shopping centers and population centers where employees can be recruited.

(ae) Free of flooding for the previous ten year period.

(af) In compliance with all applicable local ordinances.

(ag) Within the jurisdiction of a local fire authority capable of providing adequate fire fighting services.

(ah) Within the jurisdiction of law enforcement.

(ai) Adequate on-site parking space.

(ii) Construction Requirements. All new construction shall comply with the requirements of the codes listed in this rule. In addition, the following minimum requirements shall be met:

(aa) The building and all parts thereof shall be of sufficient strength to support all dead, live and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practices.

(ab) Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one foot below the estimated frost line. Proper bearing values for the soil shall be established in accordance with recognized standards.

(ac) Footings, piers and foundation walls shall be adequately protected against deterioration from action of ground water.

(ad) One-story buildings shall be constructed of not less than one hour fire-resistive construction throughout except as follows:

Boiler rooms and rooms used for the storage of combustible materials shall be of two hour fire-resistive noncombustible construction.

Structures built of other than noncombustible materials shall adhere to the floor area restrictions set forth in the Uniform Building Code.

(ae) For purposes of evacuation, the window sills of one-story buildings constructed of combustible materials shall not be more than 6 feet above the adjacent ground level.

(af) Buildings of more than one story shall be constructed of noncombustible materials using a structural framework of reinforced concrete or structural steel except that load-bearing masonry walls and piers may be utilized for buildings up to and including three stories.

(ag) The fire resistive requirements of the various building elements shall follow the requirements of the Uniform Building Code except for modifications listed below:

Corridor partitions shall be one hour fire-resistive construction.

Walls enclosing stairways, elevators, laundry, and trash chutes and other vertical shafts, boiler rooms and areas used for storage of combustible materials shall be of a two hour noncombustible construction.

(ah) Interior finish of all exit ways, storage rooms and all areas of unusual fire hazard shall have a flame spread rating of less than 20.

(ai) Interior finish of all resident rooms, day rooms and other areas occupied by residents shall have a flame spread rating of less than 75.

(aj) Interior finish of other areas shall have a flame spread rating of less than 75 except that 10 percent of the aggregate wall and ceiling areas of any space may have a flame spread rating up to 200.

(ak) Interior finish materials shall be classified in accordance with their flame spread rating on the basis of tests approved by the NFPA (see definitions under fire rules).

(al) No carpet or carpet assembly will be allowed in a health care facility which has a flame spread rating of more than 75 in accordance with ASTM-E84-61.

(b) Plans.

(i) Plans for new construction shall be submitted to the Department before construction is begun. Plans shall be submitted in two stages: Preliminary drawings and outline specifications; and working drawings and construction specifications.

(ii) Preliminary Drawings.

(aa) Site plans in compliance with Subsection (a).

(ab) The preliminary plans must indicate the assignment of all spaces and the size of service areas and bedrooms. A large scale presentation shall be submitted showing fixed and movable equipment in service areas and furniture arrangement including clearance in resident bedrooms.

(ac) The plans shall be drawn to a scale sufficiently large to clearly present the proposed design.

(ad) The total floor area and number of beds shall be noted on the plans.

(ae) The drawings shall include site topography, soil conditions and a plan for each floor including the basement or ground floor.

(af) Outline specifications shall provide a general description of the construction including exterior and interior finishes and mechanical systems.

(iii) Working Drawings.

(aa) Working drawings shall be approved by the Department and the State Fire Marshal.

(ab) Working drawings and specifications shall be well prepared so that clear distinct prints may be presented. Accurate dimensions including all necessary explanatory notes, schedules and legends shall be included.

(ac) Working drawings and specifications shall be complete and adequate for contract purposes. Separate drawings shall be prepared for each of the following branches of work: architectural, mechanical and electrical.

(ad) Plans and specifications shall be certified by an engineer or architect licensed to practice in Montana. All new construction shall be in accordance with applicable local, state and national building codes and regulations. In areas that are not subject to local or state zoning, housing and building codes shall be used as guides insofar as such recommendations are not in conflict with the standards set forth herein. Certification shall state that the plans and specifications are in accordance with rules of the Department and name the national and local codes applicable.

(iv) Architectural drawings shall include:

(aa) Site plan showing all existing and new topography, existing structures on the site, new building and structures, roadways, walks, parking areas, utilities and structures to be removed under the construction contract.

(ab) Plans of each floor and roof.

(ac) Elevations.

(ad) Sections of the building.

(ae) Enlarged scale details as necessary.

(af) Plans of foundations, floors, roofs and all intermediate levels showing a complete design with sizes, sections, and the relative location of various members, schedule of beams, girders and columns.

(ag) Dimensions of floor levels, column centers and off-sets.

(ah) Dimensions of access openings and pipe sleeve unless otherwise noted.

(ai) Detail of all special connections, assemblies and expansion joints.

(v) Written approval for all proposed construction or existing building utilization is limited to a period of one calendar year from its date of issuance and applies only to one location. Reapproval must be obtained when a new site is considered.

(vi) All building construction shall be subject to inspection by representatives of local and state agencies.

(vii) Residents shall not be admitted or housed in new construction until it is licensed.

(viii) To make minor alterations which do not affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval, in lieu of complete plans and specifications.

(c) Construction Codes.

(i) Where there is a difference between national, state or local codes, the code having the highest standard shall prevail.

(ii) Compliance with applicable provisions of the following codes is mandatory:

(aa) National Plumbing Code.

(ab) Montana Plumbing Code.

(ac) National Electrical Code.

(ad) Regulations for Food Service Establishments, State Board of Health.

(ae) Uniform Building Code of the International Conference of Building Officials.

(af) American Concrete Institute.

(ag) American Institute for Steel Constructors.

(ah) American Standard Safety Codes for Elevators, Dumb Waiters and Escalators.

(ai) National Board of Fire Underwriters.

(aj) All standards and codes where applicable to construction as published by the National Fire Protection Association, 60 Batterymarch Station, Boston, Massachusetts.

(d) Minimum Design Requirements.

(i) Administration.

(aa) Business office.

(ab) Administrator's office (may be combined with business office).

(ac) Lobby or waiting room.

(ad) Public toilet facilities.

(ae) Public telephones.

(ii) Ancillary Facilities.

(aa) Recreation and resident dining room area. Provide at least 37 1/2 square feet per bed in the personal care home for recreation and resident dining. At least one day room on each resident floor shall have an outside window exposure equal to 1/8 of the floor area.

(ab) Facilities for religious services (desirable).

(ac) Laundry for residents' personal use.

(ad) Storage for occupational and recreational equipment.

(ae) Outdoor recreation area.

(af) Barber and beauty shop (desirable).

(ag) Nourishment center (desirable).

(iii) Resident Unit. In addition to resident bedrooms, the following facilities are required for resident unit:

(aa) Charting area or desk.

(ab) Toilet facilities.

(ac) Bathing facilities.

(ad) Wheelchair parking area.

(ae) A clean linen storage area if linen is stored in the resident area.

(iv) Service Facilities.

(aa) Kitchen: Ten square feet per resident bed not including storage area is recommended.

Preparation and storage area.
Refrigeration and dry storage area.
Dishwashing room.
Garbage and trash disposal.
Adequate personnel dining room.
Janitor closet.
Handwashing sink.

(ab) Laundry area: Clean linen facilities and soiled linen facilities.

(ac) Mechanical facilities: Boiler room and maintenance facilities.

(ad) Personnel toilet and locker facilities.

(ae) Storage:

General storage (15 square feet per bed).
Resident clothes storage area accessible to residents.
Storage for outdoor equipment.

(e) Mechanical Equipment.

(i) Heating System.

(aa) The building shall be centrally heated by a hot water or steam system.

(ab) Boilers shall have the necessary capacity when operating at nominal rating to supply the heating system, hot water and steam operated equipment such as kitchen and laundry equipment. It is recommended that an emergency standby boiler be provided.

(ac) Temperatures: It shall be possible to maintain a minimum temperature of 78° F. in each room and occupied space when the outdoor temperature is a -20° F. Radiators and convectors, if used, shall be provided with hand-control valves except where individual room automatic control is provided.

(ad) Piping: Steam and hot water piping may be copper pipe and fittings, standard weight steel or iron pipe and cast iron fittings. Pipe used in heating and steam systems shall not be smaller sizes than prescribed by the latest edition of the ASHRAE Guide. The ends of all steam mains and low points in steam mains shall be dripped.

(ae) The heating system shall be thermostatically controlled in two or more zones per wing.

(af) Heating or air conditioning systems shall take at least 15 percent of their air from the outside.

(ag) Corridors and exit halls shall not be used as a plenum for supply or return air to heating or air conditioning systems.

(ah) Boilers and smoke breeching shall be insulated with coverings not less than one inch magnesia blocks and one-half inch plastic asbestos finish. All high pressure steam and return piping shall be insulated with coverings not less than the equivalent of one inch, four-ply asbestos coverings. Heating mains in the boiler rooms, in unheated or unexcavated spaces, where concealed, shall be insulated with covering not less than one inch asbestos air cell. All other equivalent noncombustible insulation materials are acceptable.

(ii) Ventilation.

(aa) Utility rooms, toilets, bathrooms and food storage rooms shall be provided with forced ventilation to change the air at least once every six minutes.

(ab) Kitchens and laundries shall be located on outside walls to provide natural ventilation.

(ac) In laundries the washers, flatwork ironers and tumblers are the principal sources of heat and humidity. Separate mechanically operated supply and exhaust systems shall be provided. The outdoor air intake shall be as far removed as possible from all exhaust outlets, incinerators and boiler stacks. The air exhaust outlet shall be located so that discharge will not re-enter the laundry or other areas of the personal care home. It may be desirable to filter the air being exhausted from the soiled linen sorting room. The air supply system should be equipped with filters in accordance with the National Bureau of Standards. It is recommended that a manometer be installed across each filter bed to indicate the need for filter cleaning or replacement. The ventilation supply and exhaust fan serving each area should be electrically interlocked so that failure of either will stop the other.

(ad) Kitchen and laundry shall be ventilated by exhaust systems which will discharge the air above the main roof or 50 feet from any window. The ventilation of these spaces shall comply with the state or local codes. If no codes govern, these areas shall be exhausted at least once every six minutes with the greater part of air being taken from the flatwork ironer and range areas.

(ae) Oxygen storage: Oxygen storage room shall comply with the recommendations set forth in the latest edition of the NFPA Standard 56.

(f) Plumbing.

(i) All parts of the plumbing system shall comply with the Montana Plumbing Code and National Plumbing Code with special reference to the following:

(aa) The water supply of suitable quality shall be from a safe, sanitary source, the location, construction and operation of which has the approval of the Department.

(ab) Water service brought into the building shall comply with the requirements of the local water department and the Department.

(ac) Supply lines shall be free of cross-connections when an alternate source is available.

(ad) Anti-siphonage devices shall be installed where required.

(ii) Hot water heating equipment shall have sufficient capacity to supply:

(aa) Six and one-half (6 1/2) gallons at 110° F. per hour per bed for kitchen, utility and resident areas.

(ab) An additional four (4) gallons at 180° F. per hour per bed for the dishwasher. A suitable booster shall be installed if necessary.

(ac) Three (3) gallons at 180° F. per hour per bed for the laundry.

(iii) Plumbing fixtures which deliver hot water for residents' use shall supply water which is thermostatically controlled to provide a maximum temperature of 110° F. at the fixture.

(iv) The hot water storage tank or tanks shall have a capacity sufficient to meet the maximum demand.

(v) Where direct fired hot water heaters are used, they shall be of an approved high-pressure type. Submerged steam heating coils shall be of copper. Storage tanks shall be of noncorrosive metal or be lined with noncorrosive material to comply with the ASME Code for pressure vessels.

(vi) Rain Water Drains.

(aa) Leaders shall be provided to drain the water from roof areas to a point from which it cannot flow into the basement or areas around the building.

(ab) Where dry wells are used, they shall be located at least 20 feet from the building.

(vii) Sanitary Drainage.

(aa) The building drain shall be of cast iron to a point 5 feet from the building.

(ab) Soil stacks, drains, vents, waste lines and leaders shall be of copper, cast iron or steel except drain lines in back fill shall be of cast iron.

(viii) Gas Piping and Appliances.

(aa) Gas appliances shall be approved by the American Gas Association and connected in accordance with the requirements of the company furnishing the gas.

(ab) Gas piping shall be of black iron with malleable fittings.

(ac) Gas outlets shall not be provided in resident bedrooms.

(ix) Insulation. Tanks and heaters, hot, cold and chilled piping shall be insulated with a noncombustible material with a vapor barrier where required.

(x) Plumbing Fixtures.

(aa) Water closets adjoining a resident area shall be of a quiet operating type.

(ab) Flush valves shall be designed with no-return stops, backflow preventers and silencers.

(ac) Lavatories used by residents shall supply water at least 5 inches above the top of the lavatory bowl. Lavatories and sinks used by food handling personnel shall be provided with goose-neck spouts and controls not requiring the use of the hands.

(ad) Drinking fountains shall be recessed in alcoves, in corridors or recreation areas. The fountains shall be accessible to residents in wheelchairs.

(ae) All soil, waste and drain lines shall be tested by water or air tests before they are built in. A smoke or chemical test shall be applied after fixtures have been set. Water pipes shall be hydraulically tested to a pressure equal to twice the working pressure. The test shall demonstrate to the satisfaction of the Department that there are no leaks, that hot water is circulating satisfactorily, that all taps are properly vented, that there is an ample supply of hot and cold water to all fixtures, that no fixture or equipment can back-siphon and that there are no back flow connections. All pipes on outside walls shall be insulated to prevent freezing.

(g) Standpipe Systems. Standpipe systems shall be installed as required by local and state departments having jurisdiction.

(h) Sprinkler Systems and/or Smoke Detection Systems. To reduce the danger of fire, automatic sprinkler systems and/or smoke detection systems shall be provided in those areas which are considered hazardous from a fire safety point of view. Such hazardous areas shall include but not be restricted to soiled linen rooms, basement corridors, woodworking shops, trash rooms, storage rooms, laundry and trash chutes. Sprinkler systems and/or smoke detection systems shall be in compliance with the requirements of the State Fire Marshal.

(i) Electrical Requirements.

(i) Code.

(aa) Electrical installations shall be in accordance with applicable local codes and the rules. Where such codes are not in effect or where they do not cover special installation, the National Electrical Code shall govern.

(ab) The regulations of the local utility company shall govern service connections.

(ac) All materials shall be equal to standards established by Underwriters Laboratories, Inc.

(ii) Connections from the service mains, with meter connections and service switches shall be installed as required by the local utility company.

(iii) Separate power and light feeders shall be run from the service to the main switch board and from there subfeeders shall be provided to the motors and power and light distributing panels. Where there is only one service feeder, separate power and light feeders from the service entrance to the switchboard will not be required.

(iv) Circuit breakers of a dead front-type fused switches shall be installed to protect all feeders and sub-feeders. Motors shall be connected with breakers or fused switches.

(v) Light panels shall be provided on each floor for the lighting circuits on the floor. Light panels shall be located near the load centers not more than 100 feet from the farthest outlet.

(vi) All occupied areas shall be adequately lighted as required by duties performed in the space.

(vii) Resident bedrooms shall have as a minimum, general illumination, night light and for each bed a reading light. The switches for general illumination and night lights should be of an approved mercury or equally quiet type. Ceiling fixtures when used shall be of a type that are shielded so as not to shine in the residents' eyes.

(viii) Suitable receptacles shall be located where plug-in service is required. Each bedroom shall have not less than three duplex receptacles, with at least one receptacle near the head of each bed and at each lavatory.

(ix) Grounding type receptacles shall be installed not more than 50 feet apart in all corridors.

(x) Each bedroom, bathing room and toilet room shall be furnished with a call unit which will register a signal at the corridor door and charting area or desk.

(xi) Wiring for all systems including low voltage shall be installed in conduit.

(xii) All lighting fixtures, wiring and equipment shall be tested for grounded, short, or open circuits and to show that all equipment operates as specified. A certificate of approval of the electrical installation in the home shall be issued by the inspector having jurisdiction and shall be furnished the Department. This certificate shall indicate that the electrical installation in the home complies with local codes and the National Electrical Code.

(j) Elevators and Dumb Waiters.

(i) Elevators and dumb waiters shall comply with all local and state codes, the American Standard Safety Codes for Elevators, the National Board of Fire Underwriters and the National Electrical Code.

(ii) Elevators shall be installed in the home if the resident bedrooms are located on floors above the street level. Passenger elevators should have a platform size of not less than 5'4" x 8', door opening not less than 3'10".

(k) Fire Protection Facilities. Fire protection facilities shall comply with the 1967 edition of NFPA Life Safety Code 101. All fire protection facilities must be approved by the State Fire Marshal prior to construction.

(l) Chart Area and Desk.

(i) Chart area and desk.

(aa) Each floor on which residents are housed shall have a chart area and desk. It shall be centrally located and adequate in size to accommodate such equipment as charting desk and chairs, chart rack, resident call system, telephone and storage cabinets for supplies.

(ab) A sink with hot and cold running water shall be provided. A work counter and cupboard shall be adjacent to this sink.

(ii) Soiled utility room. Each unit where residents are housed shall have a soiled utility room which should contain a suitable sink, work space and storage area.

(m) Resident Rooms.

(i) Each single bedroom shall have at least 100 square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

(ii) Each multiple-bed room shall have at least 80 square feet net usable floor area for each bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be 3 feet minimum distance between beds and 2 feet between the bed and the wall.

(iii) Wardrobe space shall be provided and shall have minimum clear dimensions 22 inches deep by 20 inches wide with full length hanging space and a clothes rod and shelf.

(iv) No resident bedroom shall have more than four beds. No resident bed shall be more than one bed removed from an outside window. No more than two beds per resident room is recommended.

(v) Resident beds shall not be placed in the hallways or any area other than approved bedrooms.

(vi) Window areas shall be equal to 1/8 of the floor area of the room. Sill heights shall not exceed three feet above the floor. Thirty inches (30") is recommended.

(vii) Every resident room shall have a lavatory. Lavatories for residents' use shall be supported on brackets to accommodate wheelchairs. A toilet room accessible from two adjacent and adjoining resident rooms is acceptable. Toilet rooms shall be of sufficient size to permit movement of wheelchairs.

(viii) Every resident room shall have direct access to the corridor and outside exposure. No part of any room shall be enclosed or subdivided unless it be separately lighted and ventilated.

(ix) In multiple-bed rooms, each bed shall be provided with a flame-resistant cubicle curtain or built-in device for privacy.

(x) No resident room shall be located on any floor which is below grade level.

(xi) Mirrors shall be arranged for the convenience of residents in wheelchairs as well as for residents in a standing position.

(n) Toilet and Bathroom Facilities.

(i) If centralized toilets are provided, a toilet room for each sex at the ratio of one water closet to eight beds will be required. Appropriate grab bars shall be provided at each water closet. There shall be a toilet in an area of at least 5' x 6' to permit toilet training. Locks on toilet doors or water closet enclosures shall be operable from the outside.

(ii) One shower or bathtub for each ten beds not otherwise served is required. There shall be at least one bathtub or shower in each resident unit. Each bathtub or shower enclosure shall provide space for the use of the bathing fixture, for dressing and for a wheelchair and attendant. Grab bars shall be provided at all bathing fixtures. Showers shall not be less than 4 feet square, without curbs and designed to permit use from a wheelchair. All controls shall be within convenient reach of the attendant.

(iii) All bathtubs and showers shall be provided with slip-proof mats or strips.

(o) Doors, Corridors, Ramps and Stairways.

(i) All doors through which residents will pass shall be a minimum of 3'8" wide. All doors opening into the corridor shall be of solid wood or metal having one hour fire-resistive rating. No doors shall swing into the corridor except closet doors.

(ii) Doors at least 3 feet wide will be permitted at individual toilets connecting with resident bedrooms.

(iii) All doors to residents' toilets or bathrooms shall swing out.

(iv) Doors other than those leading into the corridors may be a hollow-core type.

(v) Thresholds of interior doorways shall be flush.

(vi) Dutch doors may be used if the sections are interconnected to prevent the bottom half from opening when the top half is closed.

(vii) Corridors used by residents shall be at least 8 feet wide. A greater width shall be provided at elevator entrances.

(viii) Handrails equipped with returns shall be installed on both sides of corridors used by residents.

(ix) Ramps shall be a minimum of 3'8" clear width and shall have slopes which do not exceed 1 inch of fall per foot of length and shall be equipped with approved handrails or bannisters sturdily mounted. The width shall be measured between handrails or bannisters where they project more than 3 1/2 inches. Non-slip treads shall be provided.

(x) Stairways shall be not less than 3'8" wide measured between handrails where they project more than 3 1/2 inches. Non-slip treads shall be provided.

(xi) Telephone alcoves shall be a minimum of 4 square feet. The phone shall be located at a level convenient to residents in wheelchairs. Doors to telephone alcoves are not recommended.

(p) Kitchen.

(i) The home shall provide a kitchen properly located for efficient food service, large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required.

(ii) The kitchen area should be approximately ten square feet, not including storage for each resident.

(iii) The kitchen shall be located convenient to the dining room, patient rooms and service entrance. The location should prevent all traffic except that necessary for receiving, preparing and serving of food.

(iv) Walls and ceilings of food preparation and service areas shall be finished with a washable surface.

(v) Floors in receiving, preparation and service areas and dishwashing rooms shall be of smooth, nonabsorbent materials. Floor construction shall permit easy cleaning.

(vi) Floor drains shall be provided.

(vii) There shall be adequate artificial light available for all work surfaces.

(viii) Electrical systems shall be of sufficient capacity to supply initial equipment and to permit additions as needed.

(ix) A suitable layout of equipment shall be provided to permit convenient operation, healthful working conditions, good sanitation and control of heat, noise and odors.

(q) Laundry.

(i) Laundry facilities shall be arranged to provide physical separation of clean and dirty areas. It is recommended that the facility install washer extractors with doors on each side. This washer extractor is designed for installation in a wall between the soiled and clean operation with the equipment and loading door of the washer extractor located in the soiled area and the unloading door located on the opposite side of the wall in the clean area.

(ii) The laundry equipment shall be designed and installed to comply with all local and state codes. Washer, extractor, tumbler, and ironer shall be provided with all safety devices and meet sanitary requirements. Sprinklers shall be provided if the equipment is gas fired.

(iii) Washers shall have a combined rating capacity of not less than 6 pounds of dry laundry per day per resident bed when operating not more than 40 hours per week. If a standby washer is not available, arrangements shall be made with outside or commercial laundries for service.

(iv) There shall be a tumbler with a rated capacity equal to 25 percent of the washer when operating 40 hours per week.

(v) There shall be an extractor with a daily capacity equal to that given above for the washers.

(vi) A flatwork ironer with a capacity equal to 70 percent of the washer capacity when operating 40 hours per week shall be provided.

(vii) Laundry facilities must be so located that it is not necessary to pass through a kitchen, bedroom or toilet room in order to reach the laundry.

(viii) Laundry facilities shall not be located in areas that are used by residents.

(ix) When laundry chutes are used, they shall have a minimum diameter of 2 feet and be constructed of two hour fire-resistive material, separated from the corridor in a room or closet of not less than one hour fire-resistive construction. The entrance doors to such rooms or closets shall be a Class "B" one hour fire door. Chutes shall terminate or discharge directly into a linen collection room separated from the incinerator or laundry and shall be equipped with flushing ring, vented to the atmosphere with a floor drain at the point of discharge. An automatic sprinkler shall be provided at the top of the chute and at the discharge point.

(x) The following facilities shall be provided when the laundry is done commercially:

(aa) Adequate space for sorting, processing, and storing soiled linen.

(ab) Storage space located to facilitate convenient pickup and deliveries.

(ac) Separate storage facilities for clean linen.

(r) Ceiling Heights and Insulation.

(i) The minimum ceiling height shall be 8 feet except in the following areas:

(aa) Boiler room--not less than 30 inches above the main boiler header and connecting piping.

(ab) Laundry--not less than 10 feet.

(ac) Kitchen--not less than 10 feet.

(ii) Ceilings of boiler rooms, kitchens, and laundries shall be insulated and ventilated when the floor above them is to be used.

(s) Finishes.

(i) Floors and base.

(aa) Floors and base of the following areas shall have smooth, easily-cleaned, moisture-resistant, resilient flooring or ceramic flooring: Toilets, baths, food storage, utility rooms, janitor closets, dining rooms, recreation rooms, resident rooms.

(ab) The floors of all food preparation areas shall be water-proof, grease-proof, smooth and resistant to heavy wear.

(ac) Carpeting may be installed in specified areas upon approval of the Department.

(ii) Walls.

(aa) All walls shall have a smooth washable finish, free from cracks or spaces which may harbor vermin.

(ab) All walls of high moisture areas shall have waterproof finishes.

(iii) Ceilings.

(aa) Ceilings shall be capable of being kept clean.

(ab) The ceilings of all corridors in resident areas shall be acoustically treated with noncombustible material.

(iv) Wainscot. A wainscot of appropriate material is recommended in all rooms and corridors for protection of walls against damage.

(5) Converted Small Residential Dwellings

(a) Residential dwellings converted to personal care homes may be licensed if they meet all of the applicable requirements of these rules. The following apply specifically to this type of structure:

(i) The total occupancy of this type of facility shall not exceed nine persons including the residents, operator, operator's family and resident employees.

(ii) The room and corridor arrangement of the dwelling will dictate the number of beds licensed, taking into account the number of persons in the immediate family residing in the home. The maximum number of resident beds in this type of facility shall be eight.

(iii) Every single bedroom shall have at least 100 square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

(iv) Each multiple bedroom shall have at least 80 square feet of usable floor area for each resident bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be 3 feet minimum distance between each bed with 2 feet minimum distance between the bed and the wall.

(v) Beds or other furniture shall not be placed so as to obstruct passage to corridors or exits.

(vi) No resident room shall be below grade.

(vii) No resident room shall have more than four beds. Not more than two beds per resident room is recommended.

(viii) No resident room shall have a ceiling height of less than 8 feet.

(ix) Doors to resident rooms and exit doors shall not be less than 30 inches in width. Wider doors are recommended.

(x) Corridors shall not be less than 36 inches in width. Wider corridors are desirable.

(b) When such conversion of small residential dwellings is contemplated, the proposal shall be submitted to the Department for review and approval prior to conversion.

(c) In the case of new construction or additions to the dwelling, the standards for new construction shall apply.

(d) When any major remodeling or construction is contemplated involving major additions or major alterations which would upset the functional operation of the facility, complete plans and specifications must be submitted to the Department for approval prior to starting construction. The new construction standards will be applicable. The entire proposed completed unit shall function adequately, otherwise licensure of the entire unit may be denied.

(e) In construction of an addition to an existing facility, the standards for new construction will be applicable to the addition only.

(6) Boarding Homes--New Construction

(a) Site.

(i) The location must be:

(aa) Adjacent to an all-weather road.

(ab) In a neighborhood free from excessive noise, dirt and polluted air and away from railroads, main traffic arteries, industrial developments and similar disturbances.

(ac) Such that sufficient surrounding land is provided at the time of initial planning. Building should not exceed one-half the total site area. Consideration should be given for future planning.

(ad) Reasonably accessible to adequate public facilities, physician service, medical facilities, shopping centers and population centers where employees can be recruited.

(ae) Free of flood for the previous ten year period.

(af) In compliance with all applicable local ordinances.

(ag) Within the jurisdiction of a local fire authority capable of providing adequate fire fighting services.

(ah) Within the jurisdiction of law enforcement.

(ai) Adequate on-site parking space.

(ii) Construction Requirements. All new construction shall comply with the requirements of the codes listed in this rule. In addition, the following minimum requirements shall be met:

(aa) The building and all parts thereof shall be of sufficient strength to support all dead, live and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practices.

(ab) Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one foot below the estimated frost line. Proper bearing values for the soil shall be established in accordance with recognized standards.

(ac) Footings, piers and foundation walls shall be adequately protected against deterioration from action of ground water.

(ad) One story buildings shall be constructed of not less than one hour fire-resistive construction throughout except as follows:

Boiler rooms and rooms used for the storage of combustible materials shall be of two hour fire-resistive noncombustible construction.

Structures built of other than noncombustible materials shall adhere to the floor area restrictions set forth in the Uniform Building Code.

(ae) For purposes of evacuation, the window sills of one story buildings constructed of combustible materials shall not be more than 6 feet above the adjacent ground level.

(af) Buildings of more than one story shall be constructed of noncombustible materials using a structural framework of reinforced concrete or structural steel except that load-bearing masonry walls and piers may be utilized for buildings up to and including three stories.

(ag) The fire-resistive requirements of the various building elements shall follow the requirements of the Uniform Building Code except for modifications listed below:

Corridor partitions shall be one hour fire-resistive construction.

Walls enclosing stairways, elevators, laundry, and trash chutes and other vertical shafts, boiler rooms and areas used for storage of combustible materials shall be of a two hour noncombustible construction.

(ah) Interior finish of all exit ways, storage rooms and all areas of unusual fire hazard shall have a flame spread rating of less than 20.

(ai) Interior finish of all resident rooms, day rooms and other areas occupied by residents shall have a flame spread rating of less than 75.

(aj) Interior finish of other areas shall have a flame spread rating of less than 75 except that 10 percent of the aggregate wall and ceiling areas of any space may have a flame spread rating up to 200.

(ak) Interior finish materials shall be classified in accordance with their flame spread rating on the basis of test approved by the NFPA (see definitions under fire rules).

(al) No carpet or carpet assembly will be allowed in a health care facility which has a flame spread rating of more than 75 in accordance with ASTM-E84-61.

(b) Plans.

(i) When new construction is contemplated plans shall be submitted before construction is begun to the Department for review and approval. Plans shall be submitted in two stages: Preliminary drawings and outline specifications; and working drawings and construction specifications.

(ii) Preliminary Drawings.

(aa) Site plans--in compliance with Subsection (a).

(ab) The preliminary plans must indicate the assignment of all spaces and the size of service areas and bedrooms. A large scale presentation shall be submitted showing fixed and movable equipment in service areas and furniture arrangement including clearance in resident bedrooms.

(ac) The plans shall be drawn to a scale sufficiently large to clearly present the proposed design.

(ad) The total floor area and number of beds shall be noted on the plans.

(ae) The drawings shall include site topography, soil conditions and a plan for each floor including the basement or ground floor.

(af) Outline specifications shall provide a general description of the construction including exterior and interior finishes and mechanical systems.

(iii) Working Drawings.

(aa) Working drawings shall be approved by the Department and the State Fire Marshal.

(ab) Working drawings and specifications shall be well prepared so that clear, distinct prints may be presented. Accurate dimensions including all necessary explanatory notes, schedules and legends shall be included.

(ac) Working drawings and specifications shall be complete and adequate for contract purposes. Separate drawings shall be prepared for each of the following branches of work: architectural, mechanical, and electrical.

(ad) Plans and specifications shall be certified by an engineer or architect licensed to practice in Montana. All new construction shall be in accordance with applicable local, state and national building codes and rules. In areas that are not subject to local or state zoning, housing and building codes shall be used as guides insofar as such recommendations are not in conflict with the rules set forth herein. Certification shall state that plans and specifications are in accordance with rules of the Department and name the national and local codes applicable.

(iv) Architectural drawings shall include:

(aa) Site plan showing all existing and new topography, existing structures on the site, new building and structures, roadways, walks, parking areas, utilities and structures to be removed under the construction contract.

(ab) Plans of each floor and roof.

(ac) Elevations.

(ad) Sections of the building.

(ae) Enlarged scale details as necessary.

(af) Plans of foundations, floors, roofs and all intermediate levels showing a complete design with sizes, sections, and the relative location of various members, schedule of beams, girders, and columns.

(ag) Dimensions of floor levels, column centers, and off-sets.

(ah) Dimension of access openings and pipe sleeves unless otherwise noted.

(ai) Detail of all special connections, assemblies and expansion joints.

(v) Written approval for all proposed construction or existing building utilization is limited to a period of one calendar year from its date of issuance and applies only to one location. Reapproval must be obtained when a new site is considered.

(vi) All building construction shall be subject to inspection by representatives of local and state agencies.

(vii) Residents shall not be admitted, housed, treated or cared for in new construction until it is licensed.

(viii) To make minor alterations which do not affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval, in lieu of complete plans and specifications.

(c) Construction Codes.

(i) Where there is a difference between national, state or local codes, the code having the highest standard shall prevail.

(ii) Compliance with applicable provision of the following codes is mandatory:

(aa) National Plumbing Code.

(ab) Montana Plumbing Code.

(ac) National Electrical Code.

(ad) Regulations for Food Service Establishments, State Board of Health.

(ae) Uniform Building Code of the International Conference of Building Officials.

(af) American Concrete Institute.

(ag) American Institute for Steel Constructors.

(ah) American Standard Safety Codes for Elevators, Dumb Waiters and Escalators.

(ai) National Board of Fire Underwriters.

(aj) All standards and codes where applicable to construction as published by the National Fire Protection Association, 60 Batterymarch Station, Boston, Massachusetts.

(d) Minimum Design Requirements.

(i) Administration.

(aa) Business office.

(ab) Administrator's office (may be combined with business office).

(ac) Lobby or waiting room.

(ad) Public toilet facilities.

(ae) Public telephones.

(ii) Ancillary Facilities.

(aa) Recreation and resident dining room area. Provide at least 37 1/2 square feet per bed in the boarding home for recreation and resident dining. At least one day room on each resident floor shall have an outside window exposure to equal 1/8 of the floor area.

(ab) Facilities for religious services (desirable).

(ac) Laundry for residents' personal use.

(ad) Storage for occupational and recreational equipment.

(ae) Outdoor recreation area.

(af) Barber and beauty shop (desirable).

(ag) Nourishment center (desirable).

(iii) Resident unit. In addition to resident bedrooms, the following facilities are required for resident units:

(aa) Toilet facilities.

(ab) Bathing facilities.

(ac) A clean linen storage area if linen is stored in the resident area.

(ad) Equipment and supply storage.
(ae) Janitor closet.
(iv) Service Facilities.
(aa) Kitchen: Ten square feet per resident bed not including storage area is recommended.
Preparation and service area.
Refrigeration and dry storage area.
Dishwashing room.
Garbage and trash disposal.
Adequate personnel dining room.
Janitor closet.
Handwashing sink.
(ab) Laundry area: Clean linen facilities and soiled linen facilities.
(ac) Mechanical facilities: Boiler room and maintenance facilities.
(ad) Personnel toilet and locker facilities.
(ae) Storage:
General storage (15 square feet per bed).
Resident clothes storage area accessible to residents.
Storage for outdoor equipment.
(e) Mechanical Equipment.
(i) Heating System.

(aa) The building shall be centrally heated by a hot water or steam system.

(ab) Boilers shall have the necessary capacity when operating at nominal rating to supply the heating system, hot water, and steam operated equipment such as kitchen and laundry equipment. It is recommended that an emergency standby boiler be provided.

(ac) Temperatures: It shall be possible to maintain a minimum temperature of 78° F. in each room and occupied space when the outdoor temperature is a -20° F. Radiators and convectors, if used, shall be provided with hand control valves except where individual room automatic control is provided.

(ad) Piping: Steam and hot water piping may be copper pipe and fittings, standard weight steel or iron pipe and cast iron fittings. Pipe used in heating and steam systems shall not be smaller sizes than prescribed by the latest edition of the ASHRAE Guide. The ends of all steam mains and low points in steam mains shall be dripped.

(ae) The heating system shall be thermostatically controlled in two or more zones per wing.

(af) Heating or air conditioning systems shall take at least 15 percent of their air from the outside.

(ag) Corridors and exit halls shall not be used as a plenum for supply or return air to heating or air conditioning systems.

(ah) Boilers and smoke breeching shall be insulated with coverings not less than one inch magnesia blocks and one-half inch plastic asbestos finish. All high pressure steam and return piping shall be insulated with coverings not less than the equivalent of one inch, four-ply asbestos coverings. Heating mains in the boiler rooms, in unheated or unexcavated spaces, where concealed, shall be insulated with coverings not less than one inch asbestos air cell. All other equivalent noncombustible insulation materials are acceptable.

(ii) Ventilation.

(aa) Utility rooms, toilets, bathrooms and food storage rooms shall be provided with forced ventilation to change the air at least once every six minutes.

(ab) Kitchens and laundries shall be located on outside walls to provide natural ventilation.

(ac) In laundries, washers, flatwork ironers and tumblers are the principal sources of heat and humidity. Separate mechanically operated supply and exhaust systems shall be provided. The outdoor air intake shall be as far removed as possible from all exhaust outlets, incinerators and boiler stacks. The air exhaust outlet shall be located so that discharge will not re-enter the laundry or other areas of the boarding home. It may be desirable to filter the air being exhausted from the soiled linen sorting room. The air supply system should be equipped with filters in accordance with the National Bureau of Standards. It is recommended that a manometer be installed across each filter bed to indicate the need for filter cleaning or replacement. The ventilation supply and exhaust fan serving each area should be electrically interlocked so that failure of either will stop the other.

(ad) Kitchen and laundry shall be ventilated by exhaust systems which will discharge the air above the main roof or 50 feet from any window. The ventilation of these spaces shall comply with the state or local codes. If no codes govern, these areas shall be exhausted at least once every six minutes with the greater part of air being taken from the flatwork ironer and range areas.

(f) Plumbing.

(i) All parts of the plumbing system shall comply with the Montana Plumbing Code and National Plumbing Code with special reference to the following:

(aa) The water supply of suitable quality shall be from a safe, sanitary source, the location, construction and operation of which has the approval of the Department.

(ab) Water service shall be brought into the building to comply with the requirements of the local water department and by the Department.

(ac) Supply lines shall be free of cross-connections when an alternate source is available.

(ad) Anti-siphonage devices shall be installed where required.

(ii) Hot water heating equipment shall have sufficient capacity to supply:

(aa) Six and one-half (6 1/2) gallons at 110° F. per hour per bed for kitchen, utility and resident areas.

(ab) An additional four (4) gallons at 180° F. per hour per bed for the dishwasher. A suitable booster shall be installed if necessary.

(ac) Three (3) gallons at 180° F. per hour per bed for the laundry.

(iii) Plumbing fixtures which require hot water and which are accessible to residents' use shall supply water which is thermostatically controlled to provide a maximum temperature of 110° F. at the fixture.

(iv) The hot water storage tank or tanks shall have a capacity sufficient to meet the maximum demand.

(v) Where direct fired hot water heaters are used, they shall be of an approved high-pressure type. Submerged steam heating coils shall be of copper. Storage tanks shall be of noncorrosive metal or be lined with noncorrosive material to comply with the ASME Code for pressure vessels.

(vi) Rain water drains.

(aa) Leaders shall be provided to drain the water from roof areas to a point from which it cannot flow into the basement or areas around the building.

(ab) Where dry wells are used, they shall be located at least 20 feet from the building.

(vii) Sanitary drainage.

(aa) The building drains shall be of cast iron to a point 5 feet from the building.

(ab) Soil stacks, drains, vents, waste lines and leaders shall be of copper, cast iron or steel except drain lines in back fill shall be of cast iron.

(viii) Gas piping and appliances.

(aa) Gas appliances shall be approved by the American Gas Association and connected in accordance with the requirements of the company furnishing the gas.

(ab) Gas piping shall be of black iron with malleable fittings.

(ac) Gas outlets shall not be provided in resident bedrooms.

(ix) Insulation tanks and heaters, hot, cold and chilled piping shall be insulated with a noncombustible material with a vapor barrier where required.

(x) Plumbing fixtures.

(aa) Water closets adjoining a resident area shall be of a quiet operating type.

(ab) Flush valves shall be designed with no-return stops, back flow preventers and silencers.

(ac) Lavatories used by residents shall supply water at least 5 inches above the top of the lavatory bowl. Lavatories and sinks used by food handling personnel shall be provided with goose-neck spouts and controls not requiring the use of the hands.

(ad) Drinking fountains shall be recessed in alcoves, in corridors or recreation areas.

(ae) All soil, waste and drain lines shall be tested by water or air tests before they are built in. A smoke or chemical test shall be applied after fixtures have been set. Water pipes shall be hydraulically tested to a pressure equal to twice the working pressure. The test shall demonstrate to the satisfaction of the Department that there are no leaks, that hot water is circulating satisfactorily, that all taps are properly vented, that there is an ample supply of hot and cold water to all fixtures, that no fixture or equipment can back-siphon and that there are no backflow connections. All pipes on outside walls shall be insulated to prevent freezing.

(g) Standpipe Systems. Standpipe systems shall be installed as required by local and state departments having jurisdiction.

(h) Sprinkler Systems and/or Smoke Detection Systems. To reduce the danger of fire, automatic sprinkler systems and/or smoke detection systems shall be provided in those areas which are considered hazardous from a fire safety point of view. Such hazardous areas shall include but not be restricted to soiled linen rooms, basement corridors, woodworking shops, trash rooms, storage rooms, laundry and trash chutes. Sprinkler systems and/or smoke detection systems shall be in compliance with the requirements of the State Fire Marshal.

(i) Electrical Requirements.

(i) Code.

(aa) Electrical installation shall be in accordance with applicable local codes and the rules. Where such codes are not in effect or where they do not cover special installation, the National Electrical Code shall govern.

(ab) The regulations of the local utility company shall govern service connections.

(ac) All materials shall be equal to standards established by Underwriters Laboratories, Inc.

(ii) Connections from the service mains, with meter connections and service switches, shall be installed as required by the local utility company.

(iii) Separate power and light feeders shall be run from the service to the main switchboard and from there subfeeders shall be provided to the motors and power and light distributing panels. Where there is only one service feeder, separate power and light feeders from the service entrance to the switchboard will not be required.

(iv) Circuit breakers of a dead front-type fused switches shall be installed to protect all feeders and subfeeders. Motors shall be connected with breakers or fused switches.

(v) Light panels shall be provided on each floor for the lighting circuits on that floor. Light panels shall be located near the load centers not more than 100 feet from the farthest outlet.

(vi) All occupied areas shall be adequately lighted as required by duties performed in the space.

(vii) Resident bedrooms shall have as a minimum, general illumination, night light and for each bed a reading light. Ceiling fixtures when used shall be of a type that is shielded.

(viii) Suitable receptacles shall be located where plug-in service is required. Each bedroom shall have not less than three duplex receptacles, with at least one receptacle near the head of each bed and at each lavatory.

(ix) Grounding type receptacles shall be installed not more than 50 feet apart in all resident corridors.

(x) Wiring for all systems including low voltage shall be installed in conduit.

(xi) All lighting fixtures, wiring and equipment shall be tested for ground shorts or open circuits and to show that all motors rotate correctly and that all equipment operates as specified. A certificate of approval of the electrical installation in the home shall be issued by the inspector having jurisdiction and shall be furnished to the Department. This certificate shall indicate that the electrical installation of the new home complies with local and national electrical codes.

(j) Elevators and Dumb Waiters.

(i) Elevators and dumb waiters shall comply with all local and state codes, the American Standard Safety Codes for Elevators, the National Board of Fire Underwriters and the National Electrical Code.

(ii) Elevators shall be installed in the home if the resident bedrooms are located on floors above the street level. Passenger elevators shall have a platform size adequate to accommodate wheelchair and attendant.

(k) Fire Protection Facilities. Fire protection facilities shall comply with the 1967 edition of NFPA Life Safety Code 101. All fire protection facilities must be approved by the State Fire Marshal prior to construction.

(l) Resident Rooms.

(i) Each single bedroom shall have at least 100 square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

(ii) Each multiple-bed room shall have at least 80 square feet net usable floor area for each bed exclusive of vestibules, toilet rooms and built-in drawers, closet or wardrobes. There shall be 3 feet minimum distance between beds, and 2 feet between the bed and the wall.

(iii) Wardrobe space shall be provided and shall have minimum clear dimensions 22 inches deep by 20 inches wide with full length hanging space and a clothes rod and shelf.

(iv) No resident bedroom shall have more than four beds.

No resident bed shall be more than one bed removed from an outside window. No more than two beds per resident room is recommended.

(v) Window areas shall be equal to 1/8 of the floor area of the room. Sill heights shall not exceed 3 feet above the floor. Thirty inches (30") is recommended.

(vi) Every resident room shall have a lavatory. A toilet room accessible from two adjacent and adjoining resident rooms is acceptable.

(vii) Every resident room shall have direct access to the corridor and outside exposure. No part of any room shall be enclosed or subdivided unless such part be separately lighted and ventilated.

(viii) In multiple-bed rooms, each bed shall be provided with a flame resistant cubicle curtain or built-in device for privacy.

(ix) No resident room shall be located on any floor which is below grade level.

(x) Resident beds shall not be placed in any area other than approved bedrooms.

(m) Toilet and Bathroom Facilities.

(i) If centralized toilets are provided, a toilet room for each sex at the ratio of one water closet to eight beds will be required. Appropriate grab bars shall be provided at each water closet.

(ii) One shower or bathtub for each ten beds not otherwise served is required. There shall be at least one bathtub or shower in each resident unit. Each bathtub or shower enclosure shall provide space for the use of the bathing fixture and for dressing. Grab bars shall be provided at all bathing fixtures. Showers shall not be less than 4 feet square without curbs.

(iii) All bathtubs shall have slip-proof mats or strips.

(n) Doors, Corridors, Ramps and Stairways.

(i) All doors through which patients will pass shall be a minimum of 3'8" wide. All doors opening into the corridor shall be of solid wood or metal having a one hour fire-resistive rating. No doors shall swing into the corridor except closet doors.

(ii) Doors at least 3 feet wide will be permitted at individual toilets connecting with resident bedrooms.

(iii) All doors to patient toilets or bathrooms shall swing out. Locks on toilet doors or water closet enclosures shall be operable from the outside.

(iv) Doors other than those leading into the corridors may be a hollow-core type.

(v) Thresholds of interior doorways shall be flush.

(vi) Corridors used by residents shall be at least 8 feet wide. A greater width shall be provided at elevator entrances.

(vii) Handrails equipped with returns shall be installed on both sides of corridors used by residents.

(viii) Ramps shall be a minimum of 3'8" clear width and shall have slopes which do not exceed 1 inch of fall per foot of length and shall be equipped with approved handrails or bannisters sturdily mounted. The width shall be measured between handrails or bannisters where they project more than 3 1/2 inches. Non-slip treads shall be provided.

(ix) Stairways shall be not less than 3'8" wide measured between handrails where they project more than 3 1/2 inches. Non-slip treads shall be provided.

(x) Telephone alcoves shall be a minimum of 4 square feet. The phone shall be located at a level convenient to residents. Doors to telephone alcoves are not recommended.

(o) Kitchen.

(i) The home shall provide a kitchen properly located for efficient food service, large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required.

(ii) The kitchen area should be approximately 10 square feet, not including storage, for each resident bed.

(iii) The kitchen shall be located convenient to the dining room, patient rooms and service entrance. The location should prevent all traffic except that necessary for receiving, preparing and serving of food.

(iv) Walls and ceilings of food preparation and service areas shall be finished with a washable surface.

(v) Floors in receiving, preparation and service areas and dishwashing rooms shall be of smooth, nonabsorbent materials. Floor construction shall permit easy cleaning.

(vi) Floor drains shall be provided.

(vii) There shall be adequate artificial light available for work surfaces.

(viii) Electrical systems shall be of sufficient capacity to supply initial equipment and to permit additions as needed.

(ix) A suitable layout of equipment shall be provided to permit convenient operation, healthful working conditions, good sanitation and control of heat, noises and odors.

(p) Laundry.

(i) Laundry facilities shall be arranged to provide physical separation of clean and dirty areas. It is recommended that the facility install washer extractors with doors on each side. This washer extractor is designed for installation in a wall between the soiled and clean operation with the equipment and loading door of the washer extractor located in the soiled area and the unloading door located on the opposite side of the wall in the clean area.

(ii) The laundry equipment shall be designed and installed to comply with all local and state codes. Washer extractor, tumbler and ironer shall be provided with all safety devices and meet sanitary requirements. Sprinklers shall be provided if the equipment is gas fired.

(iii) Washers shall have a combined rating capacity of not less than 4 pounds of dry laundry per day per resident bed when operating not more than 40 hours per week. If a standby washer is not available, arrangements shall be made with outside or commercial laundries for service.

(iv) There shall be a tumbler with a rated capacity equal to 25 percent of the washer when operating 40 hours a week.

(v) There shall be an extractor with a daily capacity equal to that given above for the washers.

(vi) A flatwork ironer with a capacity equal to 70 percent of the washer capacity when operating 40 hours per week shall be provided.

(vii) Laundry facilities must be so located that it is not necessary to pass through a kitchen, bedroom or toilet room in order to reach the laundry.

(viii) Laundry facilities shall not be located in areas that are used by residents.

(ix) When laundry chutes are used, they shall have a minimum diameter of 2 feet and be constructed of two hour fire-resistive material separated from the corridor in a room or closet of not less than one hour fire-resistive construction. The entrance doors to such rooms or closets shall be a Class "B" one hour fire door. Chutes shall terminate or discharge directly into a linen collection room separated from the incinerator or laundry and shall be equipped with flushing ring, vented to the atmosphere with a floor drain at the point of discharge. An automatic sprinkler shall be provided at the top of the chute and at the discharge point.

(x) The following facilities shall be provided when the laundry is done commercially:

(aa) Adequate space for sorting, processing and storing soiled linen.

(ab) Storage space located to facilitate convenient pickup and deliveries.

(ac) Separate storage facilities for clean linen.

(q) Ceiling and Insulation.

(i) The minimum ceiling height shall be 8 feet except in the following areas:

(aa) Boiler room--not less than 30 inches above the main boiler header and connecting piping.

(ab) Laundry--not less than 10 feet.

(ac) Kitchen--not less than 10 feet.

(ii) Ceilings of boiler rooms, kitchens, and laundries shall be insulated and ventilated when the floor above them is to be used.

(r) Finishes.

(i) Floors and base.

(aa) Floors and base of the following areas shall have smooth, easily-cleaned, moisture-resistant, resilient flooring or ceramic flooring: Toilets, baths, food storage areas, janitor closets, dining rooms, recreation rooms, resident rooms.

(ii) Walls.

(aa) All walls shall have a smooth, washable finish, free from cracks or spaces which may harbor vermin.

(ab) All walls of high moisture areas shall have waterproof finishes.

(iii) Ceilings.

(aa) Ceilings shall be capable of being kept clean.

(ab) The ceilings of all corridors in resident areas shall be acoustically treated with noncombustible material.

(iv) Wainscot. A wainscot of appropriate material is recommended in all rooms and corridors for protection of walls against damage.

(7) Boarding Homes--Converted Small Residential Dwellings

(a) Residential dwellings converted to boarding homes may be licensed providing they meet all of the applicable requirements of these rules. The following apply specifically to this type of structure:

(i) The total occupancy of the home shall not exceed nine persons including the residents, operator, operator's family and resident employees.

(ii) The room and corridor arrangement of the dwelling will dictate the number of beds licensed, taking into account the number of persons in the immediate family residing in the home. The maximum number of resident beds in this type of facility shall be eight.

(iii) Every single bed room shall have at least 100 square feet of usable floor area exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes.

(iv) Each multiple-bed room shall have at least 80 square feet of usable floor area for each resident bed exclusive of vestibules, toilet rooms and built-in drawers, closets or wardrobes. There shall be 3 feet minimum distance between each bed with 2 feet minimum distance between the beds and the walls.

(v) Beds or other furniture shall not be placed so as to obstruct passage to corridors or exits.

(vi) No resident room shall be below grade.

(vii) No resident room shall have more than four beds. Not more than two beds per resident room is recommended.

(viii) No resident room shall have a ceiling height of less than 8 feet.

(ix) Doors to resident rooms and exit doors shall not be less than 30 inches in width. Wider doors are recommended.

(x) Corridors shall not be less than 36 inches in width. Wider corridors are desirable.

(b) When such conversion of small residential dwellings is contemplated, the proposal shall be submitted to the Department for review and approval prior to conversion.

(c) In the case of new construction or additions to the dwelling, the standards for new construction shall apply.

(d) When any major remodeling or construction is contemplated involving major additions or major alterations which would upset the functional operation of the facility, complete plans and specifications must be submitted to the department for approval prior to starting construction. The new construction standards will be applicable. The entire proposed completed unit shall function adequately, otherwise licensure of the entire unit may be denied.

(e) In construction of an addition to an existing facility, the standards for new construction will be applicable to the addition only.

(8) Fire extinguisher requirements for building designated "institutional occupancy", as defined in Title 69, Chapter 18, R.C.M. 1947, are generally as follows:

(a) All building shall have on each floor one or more fire extinguishers of a capacity of not less than two and one-half (2 1/2) gallons in good working order; provided that in lieu of fire extinguishers the buildings may be equipped on each floor with a hose, one and one-half inches (1 1/2") in diameter in good condition with nozzle attached connected to standpipe with suitable water supply. Such hose shall be of sufficient length to protect all areas of the floor on which it is situated.

(b) No fire extinguisher or extinguishers containing any of the following liquids, or any other toxic poisonous vaporizing liquid, shall be kept or maintained in or upon any such building ninety (90) days after written notice by the State Fire Marshal or his deputy.

Carbon tetrachloride (CCl_4)
Chlorobromomethane (CH_2BrCl)
Azeotropic chlormethane (CM-7)
Bromochlorodifluoromethane ($CBrClF_2$)
Dibromodifluoromethane (CBr_2F_2)
1, 2-Dibromo-2chloro-1. 1, 2-trifluoroethane
  ($CBrF_2CBrClF$)
1, 2-Dibromo-2, 2-difluoroethane ($CH_2BrCBrF_2$)
Methylbromide (CH_3Br)
Ethylene dibromide (CH_2BrCH_2Br)
1, 2-Dibromotetralene bromide (CH_2Br_2)
Bromodifluoromethane ($CHBrF_2$)
Dichlorodifluoromethane (CCl_2F_2)

(History: Sec. 69-5212, 69-5216, 69-5304, R.C.M. 1947; Order MAC No. 16-1; Adp. 12/31/72; Eff. 12/31/72.)

16-2.22(2)-S2261 OUTPATIENT FACILITIES AND INFIRMARIES--CONSTRUCTION (1) A narrative program shall be furnished for each facility which lists the extent of the services which the sponsor intends to provide and which describes the functional space requirements, staffing patterns, departmental relationship and other basic information relating to the fulfillment of the objectives of the institution.

(2) The extent (number and types of rooms) of the diagnostic, clinical, and administrative facilities to be provided will be determined by the services contemplated and the estimated patient load as described in the narrative program.

(3) Where the facility is an integral part of the hospital and is intended to accommodate hospital inpatients as well as outpatients, the applicable standards relating to general hospital facilities shall apply. If the facility is not a part of the hospital building, the facilities listed herein shall be provided unless they are available for convenient use by the patients in an associated health facility.

(4) Facilities shall be available and accessible to the physically handicapped (public, staff and patients).

(5) The planning of these facilities shall provide for the privacy and dignity of the patient during interview, examination and treatment.

(6) In the absence of a formal parking study, vehicle parking for facilities shall be provided at the ratio of two spaces for each treatment and each examination room plus sufficient parking spaces to accommodate the maximum number of staff on duty at one time.

(7) Administration and public areas.

(a) The entrance shall be located at grade level, sheltered from the weather, and be able to accommodate wheelchairs.

(b) The lobby shall include: Wheelchair storage space(s), reception and information counter or desk, waiting space(s), public toilet facilities, public telephone(s), and drinking fountain(s).

(c) Interview space(s) for private interviews relating to social service, credit, admissions, etc. shall be provided.

(d) General or individual office(s) shall be provided for business transactions, medical and financial records, administrative and professional staffs.

(e) Multi-purpose room(s) shall be provided for conferences, meetings, and health education purposes, and must be suitable for use of visual aids.

(f) Storage space for employee's personal effects and storage facilities for office supplies, sterile supplies, pharmacy, splints and other orthopedic supplies, and housekeeping supplies and equipment shall be provided.

(8) Hospital requirements (Rule MAC 16-2.22(2)-S2240) shall apply to examination and treatment rooms, drug distribution station, clean and soiled workroom, stretcher storage space, janitors' closets, employee facilities, inhalation therapy and diagnostic facilities (laboratory and X-ray).

(9) Observation room(s) for handling post-operative, isolation, suspect or disturbed patients shall be conveniently located to nurses station to permit supervision and shall

include facilities to prevent patient's hiding, escape, injury or suicide. Direct access to a toilet room shall be provided for each observation room without need for the patient to enter corridor. In small facilities having an annual patient visit load of 15,000 or less, a separate room is not required if an examination room is modified to accommodate this function.

(10) Nurses station(s) shall include facilities for charting and for clinical records and shall provide counter space, temporary storage, and communication device. These may be located in each examination room and each treatment room.

(11) A system for the sterilization of equipment and supplies must be provided.

(12) Engineering service and equipment areas shall include room(s) for heating, mechanical and electrical equipment and a storage room for building maintenance supplies and yard equipment. A refuse storage room shall be located convenient to service entrance. The system of waste disposal shall be approved by the department.

(13) Minimum public corridor width shall be 5'0" except that those facilities which have established observation beds shall provide an 8-foot corridor in the area between treatment and observation.

(14) Each building shall have at least two exits remote from each other. Other details relating to exits and fire safety shall be in accordance with Section 13 of NFPA Standard 101 and the requirements outlined herein.

(15) Items such as drinking fountains, telephone booths, vending machines, and portable equipment shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum.

(16) Toilet rooms which may be used by patients shall be equipped with doors and hardware which will permit access from the outside in any emergency. When such rooms have only one opening, or are small, the doors shall be capable of opening outward, or be otherwise designed to be opened without need to push against a patient who may have collapsed within the room.

(17) The minimum width of doors for patient access to examination and treatment rooms shall be 2'10".

(18) Doors on all openings between corridor and rooms or spaces subject to occupancy, except elevator doors, shall be swing type.

(19) Doors, except doors to spaces such as small closets which are not subject to occupancy, shall not swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width. (Large walk-in type closets are considered as occupiable spaces.)

(20) Doors, sidelights, borrowed lights, and windows in which the glazing extends down to within 18" of the floor

(thereby creating possibility of accidental breakage by pedestrian traffic) shall be glazed with safety glass, wire glass or plastic glazing material that will resist breaking and will not create dangerous cutting edges when broken. Similar materials shall be used in wall openings of playrooms and exercise rooms unless required otherwise for fire safdty. Shower doors shall use safety glass or plastic glazing materials.

(21) Thresholds and expansion joint covers shall be made flush with the floor surface to facilitate use of wheelchairs and carts.

(22) The location and arrangement of handwashing facilities shall permit their proper use and operation. Particular care shall be given to the clearances required for blade-type operating handles.

(23) Soap and paper towel dispensers and waste receptacles shall be provided at all lavatories and sinks used for handwashing.

(24) Dumbwaiters, conveyors and material handling systems shall not open into a corridor or exitway but shall open into a room enclosed by construction having a fire resistance of not less than one hour and provided with Class C, 3/4-hour labeled fire doors. Service entrance doors to vertical shafts containing dumbwaiters, conveyors, and material handling systems shall be not less than Class B, 1-1/2-hour labeled fire doors. Where horizontal systems penetrate fire-rated walls or smoke partitions, the opening thereto must be provided with Class B, 1-1/2-hour labeled fire door for 2-hour walls and Class C, 3/4-hour labeled fire door for 1-hour walls or partitions.

(25) Ceiling heights shall be not less than 8'0" high, except that corridors, storage rooms, toilet rooms and other minor rooms shall be not less than 7'8". Any items permanently suspended from the ceiling shall be not less than 6'8" above the floor.

(26) No examination, treatment, diagnostic or observation rooms shall be located above the central heating room.

(27) Approved fire extinguishers shall be provided throughout the building in accordance with NFPA Standard No. 101, Section 6-422.

(28) Cubicle curtains, draperies, etc. shall be noncombustible or rendered flame retardant and shall pass both the large and small scale tests of NFPA Standard No. 701.

(29) Flame spread and smoke developed requirements of finishes are covered under subsection (35).

(30) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. In all areas subject to frequent wet cleaning, floor materials shall not be physically affected by germicidal and cleaning solutions. Floors that are subject to traffic while wet, as shower and bath areas and certain work areas, shall have a non-slip surface.

(31) Wall finishes shall be washable and, in the immediate

area of plumbing fixtures, shall also be smooth and moisture resistant.

(32) Wall bases in soiled workrooms and other areas subject to frequent wet cleaning shall be made integral and coved with the floor, tightly sealed within the wall, and constructed without voids that can harbor insects.

(33) Floor and wall penetrations by pipes, ducts, conduits, etc. shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

(34) Acoustical ceilings shall be provided in corridors, multi-purpose rooms, and waiting areas.

(35) Construction including fire-resistive requirements. Except as noted below, construction of outpatient facilities and infirmaries shall comply with office occupancy standards of the following codes:

Uniform Building Code 1973 Edition
Life Safety Code 1967 Edition
ANSI A117.1 - 1961 (R 1971) Making Buildings
 Accessible to the Handicapped
ANSI A119.1 - 1970 Edition Standards for Mobile Homes
Rules and Regulations for Mobile Homes, Recreational
 Vehicles and Factory-Built Buildings

Outpatient facilities which are an integral part of a hospital or physically connected to a hospital and which accommodate hospital outpatients shall comply with the construction requirements for general hospitals.

(a) Foundations shall rest on natural solid bearing if a satisfactory soil is available at reasonable depths. Proper soil-bearing values shall be established in accordance with recognized standards. If solid bearing is not encountered at practical depths, the structure shall be supported on driven piles or drilled piers designed to support the intended load without detrimental settlement, except that one-story buildings may rest on a fill designed by a soils engineer. When engineered fill is used, site preparation and placement of fill shall be done under the direct full time supervision of the soils engineer. The soils engineer shall issue a final report on the compacted fill operation and a certification of compliance with the job specifications. All footings shall extend to a depth not less than one foot below the estimated maximum frost line.

(b) Bearing walls and walls enclosing stairways, elevator shafts, chutes and other vertical shafts, boiler rooms, and storage rooms of 100 square feet or greater area, shall be of construction having a fire resistance rating of two hours.

(c) Interior finish materials shall comply with the flame spread limitations and the smoke production limitations shown in Table 1, copy of which follows this rule, and by this reference is incorporated herein. If a separate underlayment is used with any floor finish materials, the underlayment and the finish material shall be tested as a unit or equivalent provisions taken as to the effect of the underlayment on the flammability characteristics of the floor finish material. Tests shall be performed by an independent testing laboratory.

(d) Building insulation materials having a surface exposed to air shall have a flame spread of 25 or less and a smoke developed rating of 150 or less when tested in accordance with ASTM Standard E-84. Exposed vapor barriers and coverings which are part of the building insulation shall be fire retardant.

(e) The mechanical systems shall meet the requirements for a hospital as applicable.

(f) The electrical installation shall be in accordance with the N.E.C.; NFPA 56A, B, & C shall be used where applicable.

(g) A manually operated, electrically supervised fire alarm system shall be installed in each facility that has a total floor area of more than 5,000 square feet.

(36) When any existing building is converted to use as an outpatient facility or infirmary, the completed structure shall meet all of the requirements of a new facility.

(37) When any major remodeling or construction is contemplated involving major additions or major alterations which would interfere with the functional operation of the facility, complete plans and specifications must be submitted to the Department of Health and Environmental Sciences for approval prior to starting construction. The new construction standards will be applicable. The entire proposed unit when completed shall function adequately; otherwise, licensure of the entire unit may be denied.

(38) To make minor alterations which do not affect fire safety, change functional operation or add beds, a letter and sketch of the proposed changes may be submitted for approval in lieu of complete plans and specifications. If these major alterations do not exceed $2,500, no advance approval by the department is necessary.

(39) Unauthorized construction may jeopardize the licensure of the entire facility. If such construction does not meet general health, safety or other appropriate standards or regulations, the license may be refused for the entire facility.

(40) Where more than one construction type can be found in multi-building facilities or within one building, there must be appropriate protection of each building or section thereof. (History: Sec. 69-5304, R.C.M. 1947; NEW MAC Not. No. 16-2-39; Order MAC No. 16-2-18; Adp. 10/17/74; Eff. 12/5/74.)

Table 1. FLAME SPREAD AND SMOKE PRODUCTION LIMITATIONS ON INTERIOR FINISHES IN OUTPATIENT FACILITIES AND INFIRMARIES

		Flame Spread	Smoke Production
WALLS AND CEILINGS	Exitways, storage rooms and areas of unusual fire hazard	ASTM Standard E-84 25 or less	ASTM Standard E-84 350 or less
	All other areas	ASTM Standard E-84 75 or less	
FLOORS	Option 1	ASTM Standard E-84 75 or less	ASTM Standard E-84 350 or less
	Option 2	UL Standard 992 4 or less	Appendix II NBS Technical Notes 708 450 or less

Sub-Chapter 6

Emergency Medical Services Unit

16-2.22(6)-S2270 EMERGENCY MEDICAL SERVICES, AMBULANCE SERVICE, LICENSING (1) Every person conducting or operating an ambulance service shall procure a license issued by the department. A separate license shall be required for each establishment.

(2) All communications concerning these regulations shall be addressed to the Montana State Department of Health and Environmental Sciences, Helena, Montana, 59601.

(3) General definitions:

"Ambulance" means any privately or publicly owned motor vehicle that is especially designed or constructed, and equipped, which is maintained and used for the transportation of patients, including dual purpose police patrol cars and funeral coaches or hearses which otherwise comply with the provisions of this rule, but does not include any such motor vehicle owned by or operated under the direct control of the United States or the state of Montana.

"Ambulance Service" means any person who operates an ambulance.

"Attendant" means a trained or otherwise qualified individual responsible for the operation of an ambulance and the care of patients whether or not the attendant also serves as driver.

"Attendant-Driver" means a person who is qualified as an attendant and a driver.

"Driver" means an individual who drives an ambulance.

"Dual Purpose Police Patrol Car" means a vehicle, operated by a police department, which is equipped as an ambulance even though it is also used for patrol or other police purposes.

"License Officer" means the director of the department of health or his designated official.

"Patient" means an individual who is sick, injured, wounded or otherwise incapacitated or helpless.

"Person" means any individual, firm, partnership, association, corporation, company, group of individuals acting together for a common purpose or organization of any kind, including any governmental agency other than the United States or the state of Montana.

(4) Licensing provisions.

(a) A separate license shall be required for each establishment.

(b) Applications for a license shall be made in writing to the department on forms specified by the department.

(c) Licenses shall be granted as a matter of right unless conditions exist as specified by the law which are grounds for cancellation or denial of a license. In the event a license is not granted, the applicant may apply for a hearing and judicial review as specified in this rule.

(d) There shall be paid to the department with each application for license or for renewal of a license an annual license fee of five dollars ($5.).

(e) Each license shall expire on December 31 following its date of issue unless cancelled for cause. Renewal may be obtained by paying the required annual license fee. The license shall not be transferable nor be applicable to any premises other than that for which originally issued.

(f) The director may cancel any license if he finds that the licensee has violated provisions or regulations of this act, and the licensee has failed or refused to remedy or correct the violation. Submission to the department of an acceptable plan of correction within ten (10) days after receipt of written notice of violation and execution of an acceptable plan within the time prescribed in the written notice of approval thereof by the director shall be a bar to prosecution for violation.

(g) The director shall not deny or cancel any license without:

(i) Delivery to the applicant or licensee of a written statement of the grounds therefor or the charge involved.

(ii) An opportunity afforded to the licensee to answer at a hearing before the board to show cause, if any, why the license should not be denied or cancelled. In such case, the licensee shall make written request to the director for a hearing within ten (10) days after notice of the grounds or charges has been received. If the board finds that the violations of provisions of this rule do not constitute a danger to the public health and would produce a hardship without equal or greater benefit to the public, the board may grant an exception to the licensee for a period of not to exceed one year, during which time a license would not be denied the licensee nor would his license be cancelled. Subsequent exceptions may be granted the licensee, each for a period not to exceed one year and each after a hearing before the board.

(h) Upon cancellation of a license, the license certificate shall be returned to the director for destruction or deletion as the director may order in his notice of cancellation.

(i) Any order made by the director after hearing, as provided herein, denying or cancelling any license may be reviewed by application for writ of review (certiorari), commenced in the district court of the county in which the licensed premises is located, within ten (10) days from the date of receipt of notice in writing of the director's order of denial or cancellation.

(j) Whenever the department shall furnish evidence to the county attorney of any county in this state, the county attorney shall prosecute any person, persons, firm or corporation violating any provisions of this rule.

(5) Ambulances and ambulance equipment.

(a) Effective April 1, 1972, all new vehicles purchased, whether as a replacement or in the creation of a new ambulance service, must conform to current specifications as set forth below.

(i) The ambulance vehicle should have space for a driver, attendant and two litter patients. The patients should be so positioned in the vehicle that at least one can be given life-support in transit. The vehicle should be able to carry equipment and medical supplies for safeguarding personnel and patients under hazardous conditions, and for maximum emergency medical care, both outside the vehicle and in transit. The emergency vehicle should be designed to provide maximum safety and comfort for the patient.

(ii) Minimum space between the head of the litter and the bulkhead of the vehicle should be at least 25 inches, including a seat for an attendant so positioned that he can provide respiratory care and resuscitation.

(iii) Minimum space at the foot of the litter should be 15 inches to accommodate traction splints and an attendant.

(iv) Minimum space between litters should be 25 inches so that an attendant can move between litters and kneel to perform external cardiac compression and other medical functions.

(v) While a height of 60 inches is preferable throughout the interior of the emergency vehicle, the minimum height should be at least 54 inches from floor to ceiling. This minimum height provides approximately 39 inches from the top of the litter to the ceiling, and allows the attendant enough room to kneel beside the patient and to use maximum body weight in performing cardiac compression.

(b) All ambulances must carry the equipment described in the Minimum Equipment List for Ambulances, 1967, as recommended by the American College of Surgeons, or equipment which is equivalent.

Minimum Equipment List for Ambulances, 1967

1. Hinged half-ring lower extremity splint with webbing ankle hitch.

2. Two or more padded boards 4 1/2 feet long by 3 inches wide, and two or more similar padded boards 3 feet long by 3 inches wide, of material comparable to four-ply wood, for coaptation splinting of fracture of leg or thigh.

3. Two or more padded 15-inch by 3-inch wood or cardboard splints for fractures of the forearm.

4. Short and long spine boards with accessories.
5. Oxygen tanks and masks of assorted sizes.
6. Hand-operated bag-mask resuscitation unit with adult, child and infant size masks, a unit which can be attached to oxygen supply being preferred.
7. Simple suction apparatus with catheter.
8. Mouth-to-mouth, two-way resuscitation airways for adults and children.
9. Oropharyngeal airways.
10. Mouth gags made of three tongue blades taped together and padded.
11. Universal dressing, approximately 10 inches by 36 inches, packaged folded to 10 inches by 9 inches.
12. Sterile gauze pads.
13. One, two and three inch adhesive tape on cylinder.
14. Six-inch by 5-yard soft roller-type bandages.
15. Triangular bandages.
16. Safety pins, large size.
17. Shears for bandages.
18. Several pillows.

(c) Effective as of January 1, 1973, all ambulance services must have two-way mobile communication equipment capable of operating at least within the normal emergency service area. On all new radio equipment secured after January 1, 1973, all radio frequencies shall be compatible with the Montana Emergency Medical Services Plan.

(6) Personnel, levels of training.

(a) All personnel operating an ambulance service, including ambulance attendants and ambulance drivers must be trained.

(b) Effective April 1, 1972, all ambulance personnel must be trained and hold current certification at the level of Advanced American Red Cross First Aid or its equivalent.

(c) Effective April 1, 1972, there must be at least one attendant in addition to the driver on every ambulance call.

(7) Maintenance and operations.

(a) Effective April 1, 1972, it is required that reasonable maintenance of all ambulance vehicles be maintained and that records be kept to demonstrate such maintenance has been accomplished.

(b) A level of sanitation which is suitable for the transportation of patients from the standpoint of health and safety must be maintained.

(c) Effective April 1, 1972, in addition to the information supplied for licensing, all ambulance services must keep trip reports on each patient, and make available for inspection such reports, stating the name of attendants, type of emergency, response time, type of injury and type of first aid administered on each emergency.

(d) All persons authorized by this rule shall have free access at all reasonable hours to any of the establishments licensed for the purpose of determining compliance with this rule.

(8) Requirements, state and local ordinances.

(a) All ambulances and ambulance services must comply with all state and local laws concerning the operation of ambulances and ambulance services.

(9) Insurance.

(a) Effective April 1, 1972, all ambulance services will be properly covered by liability insurance with a minimum coverage of not less than $100,000 - $300,000 - $25,000.

(10) State plan.

(a) The plan has been developed to reduce the number of deaths and cases of permanent disability caused by inadequate emergency care services. The plan includes a description of existing emergency care services and recommendations for implementing the needs of the various components in the emergency care system.

The components of the system include:

(i) Broad-based training for on-the-spot first aid.

(ii) A communication system which will assure prompt response to the need.

(iii) Well-equipped emergency vehicles, staffed by emergency medical technicians.

(iv) High-quality emergency care facilities.

(v) Local committees established to bring together leaders providing such care for planning, education, and funding.

(b) The state plan of the emergency medical services unit is adopted as a rule. The written state plan is voluminous, and its inclusion in full in this rule would be cumbersome. It is deemed not expedient to include the entire context of the plan in this rule, and the first paragraph of this rule therefore gives a summary. Copy of the plan is available for inspection, or copies thereof may be obtained at the expense of the person requesting the same at prices fixed to cover the cost of duplication and mailing. Inquiries should be made of the director of the department or administrator of the division for inspection of the plan or requesting a copy of the plan. (History: Sec. 69-3609, R.C.M. 1947; Order MAC No. 16-1; Adp. 12/31/72; Eff. 12/31/72.)